Activity Report

April 2003 to March 2005

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Centre for Enquiry into Health and Allied Themes

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1. INTRODUCTION

Anusandhan Trust (AT) completed 14 years of its existence in February 2005 and CEHAT is 11 years old. The last two years have been very critical for Anusandhan Trust and CEHAT's future development. While CEHAT continued to grow horizontally and vertically – wider range of activities, collaborative ventures, multifaceted projects, larger human resources – it was also confronted with challenges. This led to a phase of debates and churning lasting more than a year, and culminated in organisational restructuring at both the institutional as well as the Trust level.

Vision and Goal of the Anusandhan Trust
To establish and run democratically managed institutional structures undertaking research, welfare, services, education, training and advocacy in various fields and locations for the well being of the disadvantaged and the poor; and to collaborate with organisations and individuals working with and for such people.

Principles Governing Institutions of the Trust
The institutions of the Anusandhan Trust are operated on four basic principles, namely, **social relevance, ethics, democracy and accountability**. They constitute an ideal framework for building institutions having high professional standards and at the same time the commitment for the underprivileged people and their organisations. The institutions of the Trust are organised around either specific activity (research, action, services and/or advocacy) or theme (health services and financing, ethics, primary healthcare, women and health, etc.); and each institution has its specific goal and set of activities to advance the vision of the Trust. The Trust has so far published two reports, and both reports have been joint reports of Anusandhan Trust and its institution, CEHAT. The first report was published in March 2001 for the period 1991-2000, covering first nine years of work (including first six years of CEHAT, 1994-2000). The second activity report of CEHAT was published in December 2003 for the period of three years, 2000 – 2003.

Organisational Structure and Governance
The Trustees of the Anusandhan Trust constitute the Governing Board for all institutions established by the Trust. Presently there are nine trustees, including three new Trustees who have been inducted recently. Each institution is headed by a Coordinator appointed by the Trust and the institution functions autonomously within the framework of the founding principles laid down by Anusandhan Trust. Thus each institution is free to work out its own organisational and management arrangements. However the Trust has set up two structures, independent of its institutions, which protect and help facilitate the implementation of its founding principles, the Social Accountability Group which periodically conducts a social audit, and the Ethics Committee which is responsible for ethics review of all work carried out by institutions of the Trust. At present Anusandhan Trust is running the following institutions:

(1) CEHAT (Centre for Enquiry into Health and Allied Themes)
CEHAT which commenced in 1994 concentrates or focuses on its core area of strength - social and public health research and policy advocacy. This also includes work on strengthening education and training in public health in the country, linking up with social science institutions and university departments in order to promote and undertake health research and training, and demonstrating intervention models to strengthen public health systems. CEHAT has its headquarters in Mumbai.

(2) SATHI (Support for Advocacy and Training in Health Initiatives)
For last several years, the Pune-based centre of CEHAT has been undertaking work at the community level in Maharashtra and Madhya Pradesh; and also facilitating a national

campaign on Right to Health and other related issues. The Trust has now constituted this work as a full-fledged institution primarily involved in health action and campaigns with its office in Pune.

(3) CSER (Centre for Studies in Ethics and Rights)
The Trust promoted work on bioethics/ medical ethics from the very beginning. The work particularly on research in bioethics and ethics in social science research in health were further consolidated within CEHAT. Since there is a real national need to strengthen bioethics and also at the same time promote ethics in various professions, the Trust decided to establish a long-term focused programme on ethics under a separate centre. This centre began functioning from January 2005 with headquarters in Mumbai. All activities of the Trust and its other institutions on bioethics and ethics in other fields will be under the purview of this centre.

The Restructuring Process
The Organisational Development process which began in 2003 gathered momentum during 2004 with the Working Group of CEHAT as well as the Trustees intensifying their involvement with the process. A joint committee of Trustees and the working group members was constituted and they were mandated to come up with recommendations for restructuring CEHAT with the following objectives:

- To restructure the existing organisational structure of CEHAT in order to resolve organisational challenges facing CEHAT.
- To decide the strategy for the necessary changes in the organisation with clarity on its various implications.
- To plan changes to be made during the next one year.

After a number of meetings the Restructuring Committee concluded that CEHAT had grown substantially in size both horizontally and vertically and this made management of the institution indeed difficult and that the solution lay in some form of decentralisation. The committee recommended that the present CEHAT institution should be bifurcated into two autonomous centres, one which would be undertaking primarily research and policy advocacy, and the other which would be mainly engaged in action programmes and grass-roots initiatives with people's organisations. This committee also assessed the institutional structures, dynamics and implications of these changes. This proposal was presented to the staff in a joint meeting of the staff and the Trustees. While there was no unanimity within the staff about the entire set of recommendations, the staff finally mandated the Trust to take the final decision about the nature and structure of the restructured entity.

The Trust after a final joint meeting with the Working Group came up with the following institutional arrangements:

- CEHAT would continue as the Research Centre of Anusandhan Trust and would gradually reorient itself to focusing on research and policy advocacy.
- The SATHI cell of CEHAT, based in Pune would become an autonomous centre called SATHI, the action centre of Anusandhan Trust and would focus on 'action' including both community health work and grass roots to national level advocacy, along with related awareness building and training.
- The Trust also announced the launch of a new centre which would focus on Ethics, specifically training, education and research on bioethics and social science research ethics. This centre was named as the Centre for Studies in Ethics and Rights (CSER).
- The financial management of the centres has been centralised by creating a Finance Committee comprising the Coordinators, the

Managing Trustee and the Finance Officer of the Trust.

Each of these institutions hitherto would function independently with separate Coordinators but would be an organic part of Anusandhan Trust. Different Trustees, given their individual expertise, have been assigned to oversee and advise each of the centres.

These two years have been very dynamic in the history of both Anusandhan Trust and CEHAT. In terms of research, advocacy and campaigns we have seen substantial consolidation across various programmes and projects and the various thematic areas. The research and documentation activities have gathered momentum and a number of publications have emerged across various projects. There has been substantial consolidation of advocacy on Right to Healthcare, human rights issues, concerns relating to reproductive health rights and domestic violence, and on the issue of sex selection and other violations. Campaigns and awareness work has been undertaken in collaboration with other organisations and networks.

At organisational level, a lot of dynamism was evident with the Organisational Development process completing its cycle and consolidating significant changes across the board in the restructuring described above. The restructuring process also provided an opportunity to each of the centres to review the various institutional mechanisms and structures and during the current year (2005-06) each institution will undertake this within the context of the changes which have taken place. Thus the role of the working group, the review mechanism for programmes and projects, budget and expenditure tracking and human resource policies will be under review.

A process has been initiated in CEHAT for setting up of the Faculty Committee instead of the Peer Review Committee, which will be responsible for the academic research and content of all activities, including peer review. The Faculty Committee will include senior researchers who will be designated as Faculty as different from project staff. Further the Faculty Committee will include external experts from the Trust as well as from other institutions as consultants and advisors. The role of the Working Group will be limited to organisational and administrative issues. Further, planning processes have been strengthened and a number of new project proposals with diversification of donors have also been organised.

September 2005
Mumbai

Ravi Duggal
Coordinator

2. RESEARCH

2.1 Health Services and Financing

Health services and financing is an important thematic area relating to research on health care systems, utilisation patterns, health care expenditures and financing. The research aims at bringing out discrepancies in health care systems such as rural-urban imbalance in access to health care, caste-class and gender discrimination with access to health care facilities. The focus of this programme has been on determinants of health, people's health problems and health seeking behaviour, the structure and functioning of health care services, health expenditure and financing. It has been providing us with the basic critique of the existing situations, and concrete alternatives for micro and macro strategies needed to bring about people-centred changes in the health care systems. The work initiated in the earlier period continued during this period taking it to newer heights from the people's point of view. Several reports, papers and articles were written up based on primary and secondary data on health status and health care system in various states.

Below is the brief presentation of various research activities undertaken under this theme:

2.1.1 Towards Establishing Health as a Human Right

The overall aim of the project is to initiate a process within the civil society and in the public domain towards establishing Right to Healthcare through research and documentation, advocacy, lobbying, campaigns and awareness and educational activities. While CEHAT will undertake the research and documentation, mostly on its own, a large part of the campaigns and advocacy work will be done collaboratively with various networks and organisations. The project commenced in November 2003.

The main objectives of the project are:

- To review the legal, constitutional provisions and international covenants, and aspects of the health-care situation in India with a perspective of the Right to Health Care.

- To prepare a policy framework, a draft bill and an operational strategy to move towards the goal of Right to Health Care in India.

- To facilitate and participate in an advocacy campaign, including possible legislative action, to bring the Right to Health Care issue onto the political agenda in India.

- To facilitate public understanding on issues involving health and human rights violations, specifically related to the role of health professionals related to patients' rights.

- To compile a health information database on Right to Health Care in India to support this advocacy.

- To conduct conferences, workshops, seminars, orientation and training courses on Right to Health Care and to increase awareness on this issue.

The objectives of the research is to develop a perspective on Right to Health Care and the need to formulate policies and legislation to endorse this right. Compilation of analytical material on the current health scenario in the country and recent trends, especially impact on vulnerable groups, like scheduled castes and scheduled tribes, women, migrants, aged, disabled and poor will be undertaken. This exercise would enable the development of the operational framework for the right to health strategy. Research on health financing consists of the preparation of the Maharashtra State budget paper and developing the framework for the national health accounts for Maharashtra. The national and all-state budget analysis, analysis of the municipal insurance and private financing is undertaken to arrive at a financing strategy to operationalise the Right to Health Care. A study of the Cost Analysis of health units of selected districts in few states of India is proposed under the project to strengthen the understanding of health financing by collection of primary data.

Policy briefs on various health issues are published and widely disseminated among health professionals, politicians, researchers and general public at large. A country health status report titled - Review of Health Care in India - has been published. The issues covered in the book are Public Health in India, Communicable Diseases, Indian Systems of Medicine, Access and Inequity in Healthcare, Financing Healthcare, Reproductive Healthcare Services, Addressing Domestic Violence in Public Health Services, Population Control Programmes, Children's Health, Private Health Sector, Legal and Constitutional Dimensions of Healthcare and Access to Essential Drugs. Statistical appendix of selected health information has also been published. The report will be used as an advocacy tool to highlight the poor state of public health services in India and seek redressal.

A Country Shadow Report on health would compile information on India's position vis-à-vis international commitments on health issues. The report would be submitted to the Committee on Economic, Social and Cultural Rights (CESCR). The research intends to generate an increased knowledge and awareness of vulnerable groups and about their health situation. It would inform public policy about these issues and address the gaps in the budget process by emphasising the need to strengthen the resource allocations for healthcare.

Documentation

Strengthening the library and documentation unit is important as it is vital support for research. Documentation involves specific theme-based compilation of information and literature on various issues for dissemination of information and for issue-based advocacy and awareness. Under this project there are efforts to publish new database modules on municipal health budgets, violence related database; develop new modules of data sets relevant to Right to Healthcare. The intended outcome is to increase public knowledge of key health rights issues.

Team Members: Ravi Duggal, Kamayani Bali Mahabal, Chandrima B.Chatterjee, Chandana Shetye, Sunita Singh, Prashant Raymus, Rashmi Divekar, Sushma Gamre and Vijay Sawant.

Supported by: NOVIB, Netherlands; Ford Foundation, New Delhi and Rangoonwala Foundation, UK

2.1.2 Health Facilities in Jalna – A Study of Distribution,Capacities and Services Offered in a District in Maharashtra (A study for the National Commission on Macroeconomics and Health, Ministry of Health and Family Welfare, Government of India)

A study on issues related to health systems and financing by mapping health care facilities in Jalna district of Maharashtra was undertaken as part of an 8 State multi-centric study. The objective of the study was to collect information on all health facilities run by qualified health professionals in the district with respect to their infrastructure capacities, services offered, referral patterns, human resources and the fee charged for selected services. This study will contribute to the promotion of health systems reform strategy of the Government of India.

Fieldwork for the study was carried out in two phases during July and August 2004. The research investigators were grouped into four teams, each team comprising of two investigators. In order to ascertain validity of the data, random cross checking of the interview schedules was done (around 20% of interview schedules) and constructive feedback was given to the investigators as and when problems were detected in data collection. Two rounds of validation of the data were also carried out by the NCMH in September 2004 and January 2005 accompanied by CEHAT staff. The data gathered was entered in a specially designed data entry package provided by the National Commission on Macro Economics and Health. An output format was also provided by the Commission to help data analysis. The output format was a specially designed computer software package that read the data as entered in the data entry package and generated analytical tables.

Study Findings

Distribution, Types and Infrastructural Capacities of Health Facilities

The distribution of health facilities in Jalna have been analysed using rural-urban desegeregation as well as factoring taluka-wise differences. The study has revealed the emergence and consolidation of large numbers of private health facilities as compared to public health facilities in the district. Out of the 520 health facilities on which information has been collected for this study, 54 are government facilities and 466 are private ones, which shows predominance of the private sector. For the entire district there are 3.17 public facilities per lakh population in contrast to 27.39 private facilities per lakh population. For a district where 19.09% of the population resides in urban areas, 52.12% of the total health facilities are located in urban areas thus showing the unequal distribution of health facilities in favour of urban areas. Further, 24.07% of government facilities and 55.36% of the private facilities are in urban areas. The taluka wise distribution of facilities shows that Jalna taluka alone accounts for 42.12% of the total health facilities in the district. Significantly, the taluka records the highest proportion for both public and private facilities in the district, 31.48% and 43.35% respectively.

Systems of Medicine Practiced

Allopathy is the predominant system practiced in the health facilities of the district. 96.30% of the public facilities and 84.98% of the private facilities practice allopathy. Allopathy is widely practiced by providers who may not be formally trained in that system of medicine, thereby indicating the widespread prevalence of 'cross practice'. Among the other systems of medicine practiced in the district, Ayurveda was a distant second to Allopathy in public facilities, while in the private facilities it was Homoepathy followed by Ayurveda.

Infrastructural Capacities of Facilities

The infrastructural adequacy of facilities is the *sine qua non* for effective delivery of services. However, wide disparities exist with regards to infrastructure in health facilities. Public facilities are especially better equipped than the private facilities with respect to new born resuscitator, autoclave for sterilisation, refrigerator for vaccine, refrigerator for general purpose, labour table, operation table and ambubag, the difference being more than ten percentage points in each case. It is in the case of equipments like ultra sound machine, dental chair, endoscopes, MRI machine and Doppler's machine that the private sector is proportionally better equipped than the public facilities.

In Jalna district, there are 124 doctors with MBBS qualifications. There are 55 doctors with MBBS qualifications in the public sector and 69 doctors in the private sector; in addition there are 460 specialist doctors in various facilities, 90% being in the private sector.

There is a total of 605 paramedical staff in 54 public facilities averaging around 11 per public facility. The 466 private facilities in the district have a total of 871 paramedical staff, averaging approximately 2 per private facility in the district. For the district as a whole, there are 1.29 beds per 1000 population. However, Jalna taluka records 3.46 beds per thousand population whereas the other talukas have less than 1 bed per thousand population. Public facilities have larger capacities for inpatient care, averaging over 100 inpatient nights per bedded government facility, which was significantly higher than that for private facilities.

National Health Programmes

In Jalna district, under Reproductive and Child Health Programmes (excluding Caesarean section and hysterectomy), 68.52% of the public facilities provide services related to delivery compared to 21.46% in the private sector; and 14.81% of the public facilities provide MTP services in comparison to 6.01% in the private sector. Thus the proportion of public health facilities providing the services is higher than that of private facilities. Greater proportions of public facilities offered services for all the three categories such as diarrhoea, ARI and immunisation of childcare than private facilities. For other National Health Programmes such as Tuberculosis, Malaria and Leprosy, nearly 75% to 80% of services are provided by public facilities whereas private

facilities share hardly 10 to 20 per cent of the services. HIV/AIDS services were provided only in 11% of the public facilities and 9% of the private facilities, whereas 25.93% of the public facilities and 7.73% of the private facilities provided services for eye care/cataract surgery.

Non-communicable Diseases and Specialist Services

The public health facilities available for non-communicable diseases and those needing special services such as Cardiology, Orthopaedics, Neurology, Gastroenterology, Urology, Cancer (investigation of new cases) and Dental Care are proportionately much less as compared to the private service providers, except for Hypertension, Asthama and COPD, Psychiatry, General Medicine, Dermatology, Endocrinology, Surgery and Emergency cases.

Apart from the report of findings all facilities and services were put on a map for each taluka, as well as a consolidated district map to provide a visual profile of the health infrastructure in the district. This the NCMH would use to develop a digitalised map (GIS) of healthcare facilities for the country.

Team Members: Ravi Duggal, Manasee Mishra and Prashant Raymus

Supported by: National Commission on Macro Economics and Health, Government of India.

2.1.3 Review of Healthcare in India

The objective of this comprehensive work was to analyse and reinterpret the health situation and health statistics from the people's perspective with a view to strengthen the movement demanding a comprehensive health policy for India.

A persistant effort has been made to bring together issues and concerns reflecting the health care situation in the country in this work.

The health scenario in India presently is abysmal. In India, annually 22 lakh infants and children die from preventable illnesses; 1 lakh mothers die during childbirth; 5 lakh people die of Tuberculosis; Diarrhoea and Malaria continue to be killers while 5 million people are suffering from HIV/AIDS. The cost thus being paid by the country from any modern standards is prohibitive.

In context of poverty, access to public health systems is critical. However, since 1990s, the public health system has been collapsing and the private health sector has flourished at the cost of the public health system. Health policy in India has shifted its focus from being a comprehensive universal healthcare system as defined by the Bhore Committee (1946) to a selective and targetted programme based healthcare policy confined to family planning, immunisation, selected disease surveillance and medical education and research.

The larger outpatient care is almost a private health sector monopoly and the hospital sector is increasingly being surrendered to the market. The decline of public investments and expenditures in the health sector since 1992 has further weakened the public health sector thus adversely affecting the poor and other vulnerable sections of society. Introduction of user fees for public health services in many states has further reduced their access to health services. The time has come to reclaim public health and make a paradigm shift from a policy-based entitlement for healthcare to a rights based entitlement. For this healthcare has to become a political agenda. The above issues are critically examined in the volume 'Review of Healthcare in India'.

The work includes six sections across 400 pages including critical topics like Health Policy Making in India, Public Health Services in India, Communicable Diseases, Community Health Programmes, Population Policies, Mental Health, Children's Health, Reproductive Health, Indian Systems of Medicine, Healthcare Financing, The Private Health Sector, Inequities in Healthcare Access, Availability of Drugs, Right to Healthcare and legal issues and an elaborate Statistical Appendix covering health status, health infrastructure, personnel and expenditures.

The authors include Ritu Priya, Mohan Rao, Ravi Duggal, T. Sundararaman, S. Srinivasan, Anant Phadke, Rama Baru, T. R. Dilip, Leena Gangolli, S.V. Joga Rao, Leena Abraham, Abhay Shukla, Vandana Prasad, Padma

Deosthali, Poornima Maghnani, Rakhal Gaitonde, Aparna Joshi and the SAMA team. B. Ekbal, the National Convenor of Jan Swasthya Abhiyan, has written the preface and the volume has been edited by Leena Gangolli, Ravi Duggal and Abhay Shukla.

Team Members: Leena V. Gangolli, Ravi Duggal and Abhay Shukla.

Supported by: NOVIB, Netherlands and Ford Foundation – New Delhi

2.1.4 Maharashtra Human Development Report (MHDR) Follow up Study: Health and Health Care Situation in Jalna, Yawatmal and Nandurbar

This study is an extension of the Maharashtra Human Development Report 2002. The objective of the study was to find out whether there is a need to restructure the existing health care delivery system for removing the regional inequalities. In this context the study examined the operational efficiency of existing health and nutritional programmes from the supply side. The methodology adopted for the study included a combination of primary research and secondary data analysis. Fieldwork in the three districts was carried out in the months of July and August 2003. The visits to the field were marked by in-depth interviews and focussed group discussions with the spectrum of public health care providers at different levels. In addition, the research team also visited two tahsils in each of the three districts (typically one where the district headquarters is situated and the other located distantly from the same). Medical Superintendents and staff of Rural/Cottage Hospitals and, Medical Officers and staff in select Primary Health Centres (PHCs) also constituted categories of respondents. Randomly selected sub centres and Anganwadi centres in the three districts were also visited. The study also analysed available documents (both published and unpublished) in order to enable a critique of the health care situation in the three districts.

The Findings of the Study

Inadequate Infrastructure

The PHC infrastructure in all three districts of Jalna, Yawatmal and Nandurbar is poorer than that for the State of Maharashtra as a whole, and especially so in Yawatmal. Compared to the Rural/Cottage hospital infrastructure in Maharashtra State, the Rural/Cottage hospitals in Yawatmal are favourably placed. However, Jalna and Nandurbar are worse off than Maharashtra in this regard. Going by the size of the rural population (2001 Census), Jalna should have ideally had two more Rural Hospitals. For the district of Yawatmal taken as a whole, there is adequacy in the number of Rural/Cottage hospitals. However, individual tahsils may face deficiencies on this front. In Nandurbar, there is an overall deficit of 2 Rural Hospitals as per 2001 Census on rural population size. The provisioning of Rural/Cottage hospitals in Nandurbar shows marked variations across tahsils as well as severe deficiencies in some of them.

Inadequacy of staff at all levels of the service hierarchy has been a common trait. There was rarely more than one specialist in the Rural/ Cottage hospitals and the strength of paramedical staff was short of the required numbers. Most PHCs had only one doctor. There were considerable drugs shortages in a majority of the healthcare facilities in the three districts, which is a serious issue of concern. The location of the healthcare facility is often found to be away from the main settlements, thereby hindering easy access to them. Frequently also, the ambulances at the Rural/ Cottage hospitals and the jeeps at the PHCs were out of order/non-functional. Also, some of the sub centres attached to PHCs are distantly located from the headquarters (PHC). The non-functioning of many of the available equipments at the healthcare facilities highlights another type of infrastructural inadequacy that service providers experience.

Declining Performance of Health Programmes

Performance data on Nandurbar is limited to 3-4 years. For Jalna and Yawatmal, the performance of district level healthcare facilities has shown decline in the 15 year data reviewed, inspite of an increase in the number of beds in the two districts. The patient population at PHCs has registered a

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गाँव में ही स्वास्थ्य सेवाएँ मिलने का लोगों को अधिकार है !

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आँगनवाडी में बच्चों को पोषक आहार, खून बढ़ाने की गोली, बच्चों को साल में दो बार विटामिन "ए" की खुराक देना ।

लोगों द्वारा चलाए गए स्वास्थ्य साथी योजना को सरकार द्वारा समर्थन मिलना चाहिए ।

योग्य महिला लेकर गाँव की महिला सादी बीमारियों का सही इलाज कर सकती है ।

ऐसे स्वास्थ्य साथी को सरकार द्वारा मान्यता, दवाएँ और सहयोग मिलना चाहिए ।

considerable decline in the 15 year period reviewed (1987-2002). An analysis of the data reveals that the ratio of patients treated per thousand population has been declining over the last decade.

The Integrated Child Development Services (ICDS) programme is a major initiative of the State to improve the nutritional status of children and pregnant and nursing mothers. From the monthly progress reports of the ICDS projects, the following four aspects were studied in order to assess their efficacy: programme functioning; profile of women beneficiaries; profile of children beneficiaries and malnutrition status of children in the three districts. It has been a recurrent observation in the context of these four themes that significant inter-tahsil variations exist within any given district. The analysis of the data shows that, at the point of time considered, there has never been cent per cent of the Anganwadis functioning as against their sanctioned strength in the three districts. In cases where Anganwadis do function, they do not necessarily provide Supplementary Nutritional Programme (SNP) for 21 days or more in a month. Not all eligible women and children are netted under the ICDS scheme. Even among beneficiaries who do enrol at the Anganwadis, the percentage availing SNP (for 15 days or more in a month) fall even further. The high levels of malnourishment in the below 1 year age group in the three districts is a matter of serious concern. Malnutrition patterns in the three districts also show that there are more malnourished girls than there are malnourished boys in the entire district. The maximum cases of malnourished children always fall in the 1-3 years age group, followed by the 3-6 years age group. In Nandurbar, the levels of malnourishment (all the four grades) are considerably higher for all the age groups (for both boys and girls), than they are for the districts of Jalna and Yawatmal.

The basket of choices of family planning methods on offer is highly female specific. Male methods of family planning (e.g. vasectomy and condom usage) are not given the needed attention. Like the family planning programme, child immunisation is a highly prioritised activity by the service providers. Water borne epidemics are perceived to be a major malaise in the three districts. Diarrhoeal attacks account for the single largest category of water borne diseases in the three districts. In terms of fatalities, though, the three districts show slightly different patterns.

The financial analysis done for the district of Jalna, Yawatmal and Nandurbar is of only Regular District Plan Outlay and Expenditure, which constitutes between 25% and 30% of budget outlay. During the last 5 years, utilisation of the low level allocated budgets has been inadequate and what is worse is that there is a declining trend in both allocations and expenditures, especially of plan funds, which are critical to development.

Strategies for Improving the Public Health Care System

Three strategies are suggested for bringing about improvement and change in the public healthcare services in the three districts of Jalna, Yawatmal and Nandurbar. Many of the strategies (Immediate strategies, Medium term strategies and Long term strategies) suggested are drawn from the analysis of the data from the three districts as well as the field insights acquired during the course of the study.

The Immediate Strategies

(i) Close proximity of the healthcare facilities (Rural Hospitals, PHCs, sub centres) facilitating easy access in accordance with the population criteria. (ii) Adequate staffing of health care facilities and filling up of vacancies of doctors and paramedics on urgent basis.(iii) Providing equipments which are in working condition. (iv) Rationalisation of supply of drugs should be made according to expressed needs of the Medical Officers/ Medical Superintendents of the PHCs/ Rural/Cottage Hospitals. (v) Continuing Medical Education programme for in service staff should be strengthened in order to augment their knowledge base. (vi) The outreach of ICDS schemes should be widened to the urban poor in the three districts. (vii) Funds to be tapped from the MP and MLA Local Area Development Fund in order to improve the infrastructural adequacy of the healthcare facilities. (viii) Carry out ANC and post-natal check-up (as the case maybe) for pregnant and nursing women and

health check-ups of the children. (ix) Considering the dispersed nature of tribal settlements, mini anganwadis be promoted in order to ensure availability of SNP in tribal areas. (x) Ensure that supplementary nutrition (SNP) is made available to beneficiaries on a regular basis. (xi) Monetary/ other inducements to be given for continual attendance of girl children in the Anganwadis. (xii) The entire schedule of child immunisation needs to be given emphasis. Towards this end, health education needs to be stepped up and the staff oriented to the importance of the completion of the immunisation schedule for every child. (xiii) TT immunisation for pregnant women should be strengthened.

Medium Term Strategies

(i) The scheme of Block Medical Officer should be strengthened in the three districts with the responsibility of overseeing the healthcare situation, both preventive and curative, resting on him/her. (ii) Staff should be imparted relevant training in organisational administration, maintenance of accounts, etc. This is true for higher-level staff (like Medical Superintendents of Rural/ Cottage Hospitals and Medical Officers of PHCs) as also for administrative and paramedical staff. (iii) There needs to be revisiting of the family planning methods on offer and the means adopted to realise the goals in order to bring about greater male participation in the programme as well as better quality of services offered. (iv) Migration adversely affects the functioning of the programmes, resulting in programme defaulters. Logistic arrangements need to established in order to ensure the timely and continual delivery of such programmes to migrants irrespective of where they avail it. Towards this end, the facilities within the State of Maharashtra as well as neighbouring destination states need to be in place. (v) The healthcare budget available at the state level should be redistributed on a per capita basis to various units of health facilities. A health committee must be constituted based on the Panchayati Raj system and must have the hire and fire rights along with the staff of PHCs and hospitals. They should have the right to use the resources allocated to them in the way they deem best.

Long Term Strategies

(i) Review the performance assessment of staff by the introduction of periodic co-workers' evaluation of their work. Such form of evaluation by colleagues and subordinates will not only prevent dereliction of duties and abuse of power (including misappropriation of funds), it will also foster team spirit in functioning. (ii) Transfers of health personnel is widely alleged to be arbitrary and a potent weapon in the hands of the higher echelons of power. It is suggested that the transfer process be made transparent.

Team Members: Manasee Mishra, Ravi Duggal and Prashant Raymus.

Supported by: Government of Maharashtra through the Indira Gandhi Institute of Development Research, Mumbai.

2.1.5 Standard Treatment Protocols Project

The project commenced in August 2004 and is expected to be completed by May 2005.

This small project consists of preparing Standard Treatment Protocols (STPs) for conditions, which could be diagnosed and treated by medical officers at PHCs and Rural Hospitals (RHs). It also involves preparation of training modules for rational use of drugs and Standard Treatment Protocols for paramedical staff at sub centre level (in Marathi) and similar training modules in English for medical officers in PHCs and Rural Hospitals (RHs). It builds upon the similar work done earlier by suitably modifying the existing material with the help of like-minded experts and preparing new material when necessary. Draft STPs for Medical Officers at PHCs and Rural Hospitals (RHs) have been submitted to the Health Department, Government of Maharashtra and work is in progress to finalise the same, to prepare STPs for paramedic staff and to prepare the training modules.

Team Members: Dr. Anant Phadke and Dr. Abhay Shukla of SATHI cell have been working on this project.

Supported by: Department of Public Health,

Government of Maharashtra.

2.2 Health Legislation, Ethics and Patients' Rights

During the past two years, the research in this thematic area has focused on collating and compiling case laws, which have used constitutional provisions to mandate Right to Health and Healthcare. This is being compiled into a volume with analytical discussion with the objective of being used as a tool to advocate the Right to Healthcare. Further, CEHAT's involvement with social legislations via Public Interest Litigations, especially pertaining to the implementation of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT Act) and strengthening further the Medical Termination of Pregnancy (MTP) Act in the direction of Right to Abortion has resulted in substantive documentation of these legislations to generate awareness and use them as tools for advocacy in CEHAT's work on these issues collaboratively with other civil society groups. With regard to the issue of ethics CEHAT's involvement in collaborative research work, especially in the area of abortion research, has promoted the notion of ethical review of research in institutions across the country. Given this growing interest and prospect of education and awareness on ethics Anusandhan Trust decided to set up a separate centre to work in the area of bio-ethics and social science ethics in research and medical practice. This centre called Centre for Studies in Ethics and Rights (CSER) was set up in January 2005.

2.2.1 Towards Establishing Health as a Human Right

The objectives of the research related to health legislation of this initiative are: (a) To analyse constitutional provisions and international health related covenants, declarations etc. to contextualise progress of health and healthcare in India and (b) An analytical compilation of case laws on health/medical issues. Research writings based on secondary data that have been completed or in progress are: compilation of international laws, legal documents and national declarations related to health care; mental health in India in the context of international law; prisoners right to healthcare and compilation on case laws related to right to healthcare. Under the Indian Constitution Right to Life has been interpreted as including Right to Health and Health Care. Research is being done to compile cases from various High Courts of India and the Supreme Court, for an analysis of Right to Health Care in the Indian context.

2.2.1.1 Legal Research: Case Laws on Right to Health

Analysis of constitutional provisions and international health related covenants, declarations etc. are undertaken to contextualise the progress of health and healthcare in India. A status report on India's position vis-à-vis international commitments on health issues is being compiled and information on the present constitutional and legal position of healthcare as a right is being collected. Legal research involves analytical compilation of case law on health/medical issues, in collaboration with India Centre for Human Rights and Law (ICHRL), Mumbai. Research is being done to compile cases from various High Courts of India and the Supreme Court, for an analysis of Right to Health Care in the Indian context. A book tentatively titled, 'Health Care Case Laws', is being coordinated with ICHRL.

The legal research would influence public, political and judicial opinion on the issue and strengthening of advocacy efforts especially towards Public Interest Litigation (PIL) and draft bill. The legal research would also be incorporated into the Country Shadow Report.

Team Members: Kamayani Bali Mahabal, Ravi Duggal and Rashmi Divekar.

Supported by: NOVIB, Netherlands and Ford Foundation, New Delhi.

2.2.2 The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994 - Frequently Asked Questions (PNDT FAQs)

The overall objective of undertaking the compilation of Frequently Asked Questions (FAQs) booklets is to generate information, which will help to remove the information asymmetry pertaining to the PNDT Act

provisions. Specifically, three sets of FAQs are directed at the common man, medical profession and appropriate authorities. The FAQs have highlighted issues and concerns from the revised PNDT Act, which relate to each of the above stakeholders. Apart from this some general issues impinging on the issue of sex selection are also covered.

For the common man the focus is on issues such as what is meant by sex selection, the difference between abortions and sex selective abortions and the legal stands on both the issues. The FAQs have basic information about whom to complain to in case of a violation, the procedure on how to go about it and also how one can follow-up on the complaint. Information is given about possible legal relief in cases where the appropriate authority has not been able to take action.

The FAQS for appropriate authorities include processes relating to implementation and monitoring about the registration and cancellation process of the genetic counselling centre, genetic laboratory or genetic clinic; the complaint mechanism, search/seizures and their role in the legal process and functions of the appropriate authority, including the rules for maintenance and preservation of records. The questions will also pertain to, inspection of the various forms under the law.

For the medical profession there is an emphasis on the procedures related to getting equipment and clinics registered, and also information regarding the procedures for maintaining records with respect to the genetic clinic or counselling centre. The issue of informed consent from the pregnant woman is also highlighted. Penalties for conducting sex selection and code of conduct for those working at genetic clinics and counselling centres are discussed in the publication.

For all the stakeholders some generic common information and questions covering definitions, terminologies, common confusions are also included.

In terms of the process two brain storming consultations took place before finalising the FAQs. The first consultation had groups, such as grass roots activists, women, human rights groups, doctors, appropriate authorities and some of the other government officials responsible for the implementation of the Act. After getting feedback on the first draft we finalised it and had a second consultation, in which more inputs were put in form of illustrations, and basic fine-tuning of booklets was completed by 10th January 2005. Thereafter the FAQs have been translated in Hindi Marathi, Gujarati and Urdu and awaiting publication.

Team Members: Ravi Duggal, Kamayani Bali Mahabal, Ravindra R.P., Qudsiya Contractor.

Supported by*:* UNFPA, New Delhi

2.3 Women and Health

Women's reproductive health has been a major area of CEHAT's work. Maternal health and maternal mortality is linked to availability, accessibility, quality and affordability of health services. The requirements of standard and quality services have eluded the reproductive health scenario in India. To bring out the shortfalls in the health care systems and to suggest the measures for improving the health care services relating to abortion, CEHAT had undertaken a National level project since the year 2000 which covered 18 States through a wide array of research studies done in collaboration with other institutions. The project has been completed and in its last phase the entire focus was on finalising reports, publishing them and distributing them widely.

2.3.1 Abortion Assessment Project – India

For many decades now maternal health has been recognised as a crucial area of concern. In this context, incidence, access, safety, legality, cost, social and cultural dimensions, and women's control over decision and choice and other related issues regarding abortion and abortion services in India have assumed serious concern in the context of women's reproductive health needs. The Abortion Assessment Project-India (AAP-I) an all India research study that commenced in August 2000, was initiated with the objective of assessing ground realities through rigorous research. The overall objectives of the project

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were:

- Review Government policy towards abortion care, availability of funds, its flow and policy / programme environment in the country – including Family Planning and abortion care.
- Map, understand and analyse abortion care provider related issues – organisation, management, facilities, technology, registration, training, certification and utilisation in the public and private sector.
- Study, understand and analyse user perspective with special focus on women's perceptions of quality, availability, accessibility (including barriers to utilisation of safe abortion facilities), confidentiality, consent, post-abortion contraception and attitude of service providers.
- Study social, economic and cultural factors that influence decision making: impact of changing social values, male responsibility, family dynamics and decision making.
- Costing and finance issues related to the above.

The Abortion Assessment Project commenced in August 2000, and has come to an end with the final National Consultation of Abortion Assessment Project - India meeting held in Delhi on December 20th 2004. During 2003-2004 in a sense was the wrap up phase of the project in which all the studies were completed and the entire focus was on finalising reports, publishing them and distributing them widely. Also as part of the dissemination and advocacy strategy state level consultations were organised covering 23 states where findings of the research were disseminated and issues for advocacy were evolved - 18 one day state level consultations were organised in Orissa, Rajasthan, Uttar Pradesh, Bihar, Jharkhand, Madhya Pradesh, Assam and other North East states, West Bengal, Delhi, Kerala, Tamilnadu, Karnataka, Gujarat, Himachal Pradesh, Maharashtra, Andhra Pradesh, Punjab, Haryana, with the help of nodal agencies in the respective states. These meetings were attended by state level officials from the Health and Family Welfare departments, medical professionals from the public and private sectors, NGOs, activists, representatives of medical associations like the Federation of Obstretics and Gynaecological Society of India (FOGSI) and Indian Medical Association (IMA) and the academia and media. Apart from disseminating the findings of the various research studies undertaken under AAP India, these meetings provided an opportunity for dialogue across various stakeholders and came up with issues and concerns for advocating the cause of abortion and other reproductive health issues within a rights based framework. The proceedings of the meetings have been compiled and disseminated widely. Several national and regional level newspapers carried stories on issues emerging from the various research studies and the discussions at these meetings.

Further the 6 state multi-centric provider study reports, community based study (Maharashtra and Tamil Nadu) reports, policy review paper, and one working paper on informal providers were finalised, published and disseminated. Apart from this the 4 state qualitative study on pathways of care in abortion and reproductive healthcare was also completed and draft reports discussed at a peer review consultation. The reports are now being synthesised and will be subsequently published.

While the respective states published the state level reports of the provider studies, the secretariat coordinated the synthesising of these into a national report to give a country wide perspective on abortion services. This was done by Ravi Duggal of CEHAT and Sandhya Barge of SORT. The data from states was pooled and an independent analysis undertaken to come up with a national perspective. This has now been published and released at the national consultation in December 2004. Also the secretariat compiled a summary report, which contains summaries and abstracts of all research reports and papers, which were done under AAP India. Apart from this the Summary Report includes a CD-ROM which contains all the complete research reports, working papers, selected data, proceedings of state dissemination consultations, proceedings of MTP Act revision process, newspaper coverage clippings and a film made

by CEHAT on the issues and concerns in abortion. All these documents are being widely disseminated.

On December 20th 2004 the final consultation was held in New Delhi, which presented the overview of the accomplishments of the AAP India project and released and disseminated all the reports and papers. All researchers, paper writers, resource persons, Technical Advisory Committee (TAC) and Ethical Consultative Group (ECG) members, government officials, donors, academia, NGOs and women's groups working on this issue, and media were invited. This consultation also included a presentation by Hilary Standing of IDS Sussex who was invited to review the research studies and contextualise them in the international context of abortion.

Key Findings

The study reveals that annually in India an estimate of about 6.4 million abortions takes place. Nearly 4.8 million abortions are being handled in formal abortion facilities annually. Extrapolating this cost per abortion to the total number of estimated abortions of 6.4 million we find that the abortion economy is worth Rs.800 crores. Only 25% of abortion facilities in the formal sector are public facilities, 87% of the abortion market is controlled by the private sector. The proportion of certified and legal abortion facilities accounts for only 24% of all private abortion facilities in the country. Those who were not certified, 68% had never tried to obtain certification.

On the method of abortion, our research found that 73% of abortions are conducted for pregnancies with less than 12 weeks gestation. While physical access seems to be reasonably good, social access remains restricted since providers, especially in formal and certified facilities, do not provide services to women if they come alone and/or if the spouse or some close relative does not give consent. The eight qualitative studies revealed that the overwhelming reason for seeking abortion among married women was to limit the family size. The studies also revealed that when couples have more than two female children, then female selective abortion was approved by the family and condoned by the community.

As part of the AAP India project a policy review was undertaken, the review paper also brings out the future challenges and issues for advocacy on the abortion policy front, which are crucial to take abortion into the rights domain.

Future Plans

While the project has ended as of December 31st 2004, a few tasks pertaining to publication and dissemination remain. This includes a process started recently to edit 3 volumes based on the AAP India studies and publish it through Sage publications. Also a set of posters based on findings of the studies has been planned and will be brought out soon for wide public dissemination.

Team Members: National Co-ordinators - Ravi Duggal and Vimala Ramchandran assisted by Rajeswari Balaji, Sunita Singh and by several research teams from 15 organisations from different parts of the country.

Supported by: Ford Foundation, New Delhi and Rockefeller Foundation, New York.

2.3.2 Abortion in Maharashtra: Incidence, Care and Cost

This community-based survey on abortion incidence, care and cost was part of the Abortion Assessment Project – India (AAP-I) studies conducted on various aspects of abortion in 18 states of the country. The main objective of the survey was to study pregnancy outcome analytically with a focus on abortions in Maharashtra. A state representative sample of 5712 ever-married women aged 15-54 from 5405 households from all districts of the state were interviewed.

Rates of Pregnancy Loss

For 1996-2000 period, the rate of induced abortion was found to be 45.4 per 1000 reported pregnancy outcomes and the ratio per 1000 live birth was 50.7. Induced abortions were on the rise in Maharashtra with the rate having doubled for the period 1996-2000 than for the period 1976-95. The incidence of induced abortion was more than three times higher in urban areas than rural areas and is much higher in Mumbai. The mean number of induced abortions is 16 times higher among

women from high standard of living than women from low standard of living. While reported sex-selective abortion was only four per cent of the total pregnancies terminated between 1976 and 1995, it more than tripled to about 12 per cent for the period 1996-2000. The rate of reported sex determination test per 100 live births increased from 0.2 in 1976-1980 to 2.4 in 1996-2000. Many abortions, both induced and spontaneous, in rural areas resulted in excessive bleeding. Problems due to vaginal discharge and pains and aches were almost twice higher among induced abortions from rural areas than urban areas. In case of spontaneous abortion, problems due to vaginal discharge were four times higher in rural areas than urban areas.

Issues of Access and Care

Both the mean and median distances of the private facilities accessed were lower than those for public facilities in rural as well as urban settings. The services of the private sector were sought for 62.3 per cent of the spontaneous abortions and 79.3 per cent of induced abortions. The public sector services were used for 15.6 and 17.9 per cent respectively for spontaneous and induced abortions. Consent was taken from spouse or relative in an overwhelming 87 per cent of induced abortion. Both public and private providers largely seek such consent before undertaking the abortion.

Cost of Abortion Services

The average out-of-pocket cost per abortion was Rs. 1415.40, being Rs. 1746.50 for induced abortions and Rs. 1113.70 for spontaneous abortions. The average cost per abortion to Mumbai women is much higher at Rs. 2760 per abortion than other areas. Otherwise there were only marginal rural-urban differentials in out-of-pocket expenditures on abortion. For induced abortion, between public and private sector the overall cost variation was over eleven times, but for medical care costs like hospital cost it was much higher in the private sector by as much as 20 times. Medicine costs were higher in the private sector by over nine times. In the public sector the main cost component for induced abortions was travel.

Team Members: Ravi Duggal, Sunita Bandewar, Shelley Saha, Manasee Mishra, Bhagyashree Khaire, Sugandha More, Madhuri Sumant, Priti Bhogale, other 30 field researchers.

Supported by: Ford Foundation, New Delhi and Rockefeller Foundation, New York.

2.3.3 Perception About Quality of Women's Reproductive Health Services in Solapur, Maharashtra

The study aimed to understand how poor women and providers define as quality of some selected reproductive health services (childbirth, abortion, contraception and RTI), what are the factors that influence choice of provider for those services and to find out the capacity of the public health facilities to meet the selective reproductive health needs of women. The data was collected from 2 villages of Solapur district of Maharashtra through Focus Group Discussions with women and interviews with different types and levels of providers. Checklists were used to assess the capacity of the public health facilities.

The study shows that the range of services provided in the public health sector was limited to child immunisation, Intra Uterine Device (IUD) and tubectomy promotion, limited Ante-natal Care (ANC) and child delivery. Services for treatment of emergency obstetric cases, infertility, Reproductive Tract Infection (RTI)s / Sexually Transimitted Infection (STI)s and abortion were not available especially at the lowest level, that is at the PHC and the sub centre.

The exclusive focus on pregnant women and mothers of young children in the outreach activities largely as FP targets suggests that population control is of central concern to the public health care system. Overall the public health facilities follow-up of treatment and service provision was poor. The overriding perception of users was that all level of health staff was insensitive to the needs of women. Corruption among health staff was also reported. The data therefore shows that public health facilities are to some extent utilised by the economically and socially weaker sections of the population arising out of a no-choice situation.

The findings indicate attitudinal and skill related problems with the health providers from the public sector, while the data shows that health care providers also face severe constraints in providing proper services. For instance, poor infrastructure of the PHC that was studied, inadequate transport facility, lack of equipments, poor supply of drugs, no reliever when the lone doctor of the PHC goes on leave, etc. poses serious challenges to better service provision. Also the mobility of outreach workers is affected due to lack of proper transport in remote areas. Thus one can see that there exists a wide gulf between rhetoric and reality in the planners' vision of promoting the Reproductive Health (RH) approach and the actual implementation of the RH services.

Team Members: Shelley Saha, Bhagyashree Khaire, Shailaja Aralkar, Madhuri Sumant, Shakuntala Bhalerao.

Supported by: Ford Foundation, New Delhi and Rockefeller Foundation, New York.

2.4 Investigations and Treatment of Psychosocial Trauma

The work on violence is a mix of research, advocacy and service provision. Most of the work on violence at CEHAT was continued through the initiative called 'Dilaasa', the Crisis Centre for Women in a Public Hospital in Mumbai. The other major initiative was on 'Sexual Assault Evidence Kit', which was revived after a little hiatus in this work. The initiative is a mix of research and advocacy. On the other count, a research study was taken up to understand the impact of involuntary resettlement of a community in Mumbai within the framework of human rights. It has been also complemented by an action component. While the data is being analysed the action component is developing gradually in collaboration with other grass roots organisations primarily to support the resettled community members as regards their survival needs. The research component is close to completion.

2.4.1 Dilaasa Research and Documentation

Dilaasa – the crisis prevention centre of CEHAT has undertaken research pertaining to the effectiveness and impact of the councelling services that they provide to victims of domestic violence. The Dilaasa team has also documented their experiences and processes of establishing the Crisis Centre for Women at K. B. Bhabha Hospital which will prove useful to all those who would like to put up similar centers in the vicinity of hospitals and has also developed Guidelines for Suicide Prevention which is a pioneering effort in this field.

2.4.1.1 Counselling Impact Study

A qualitative research study was undertaken to assess the effectiveness and impact of crisis counselling services provided by Dilaasa. Specific objectives of the study were: to assess the impact of the crisis intervention model utilised by Dilaasa; to test indicators of counselling impact and effectiveness; to understand women's perceptions of their experiences in accessing services at Dilaasa from women themselves; to understand the processes and pathways by which counselling strengthens women's capacities to cope with violence and to gain insight into the effectiveness and appropriateness of hospital based domestic violence intervention programmes.

In order to reach these objectives, qualitative, in-depth interviews were conducted with: (1) current participants such as women presently accessing services at Dilaasa, (2) former participants (women who no longer access the Centre, whose cases are considered "closed" by Counsellors, and who received the support for which they came to Dilaasa), and (3) women who have come to the Centre once but have not returned for follow-up visits (non-returning participants). A total of 27 women participated in this study, of whom 19 were current programme participants, 5 were former programme participants, and 3 were non-returning programme participants. The research study report is in the process of finalisation.

Preliminary findings based on the data analyses carried out so far include the following: Women in general have gained concrete benefits (improvements in mental and physical health indicators) from counselling and social support services; women favour the setting up of the Centre

within the vicinity of the hospital which makes it easier for them to seek counselling. The indicators developed for effective counselling appear to be relevant to women's experiences at Dilaasa (i.e., the non-judgemental attitude with which counsellors listen and speak, the messages women receive); they responded positively towards the counselling that the violence is not their fault and that they were reassured of their capacity to resist violence. The process of counselling which is centred around the woman was perceived as a great strength / support by the victims. There is an increasing demand that Dilaasa should widen its outreach and initiate community-based services and undertake preventive work. Women do not return to the Centre for regular follow-ups due to a variety of reasons like time contraints, restricted ability to leave their house due to abuser's pressure, and in some cases dissatisfaction with the limited array of services offered by the Centre. As Dilaasa is the first hospital-based crisis centre in India for women facing abuse, insight into the experiences of women accessing its services and documentation of the impact those services may have are critical. Women feel that the centre's location within hospital premises has made it easily accessible for them to seek support and the necessary remedial measures.

Dilaasa would utilise the results to establish standards of care and best practices for addressing domestic violence through crisis counselling within the public health system. A meeting with women who participated in the study and other women, who have so far sought Dilaasa services, was held in April 2005.

Team Members: Padma Deosthali, Poornima Maghnani, Tabassum Mulani, Vidya Bansode, Lalita Dhara, Shreya Bhandari.

Supported by: Ford Foundation, New Delhi.

2.4.1.2 Compilation and Analysis of Case Documentation

A database has been developed for increasing accessibility/retrieval of information on individual women as also analysis of the documentation by Tulip software, an agency working in Pune city. The development of the database was a very lengthy process as several errors had to be rectified once data entry started. At present the data entry and processing of information on all women registered for the year 2003 has begun. The team is analysing the data to understand the profile of the women accessing services rendered by Dilaasa. The structure of the report and drafts of the different sections are prepared.

2.4.1.3 Establishing Dilaasa: Documenting the Challenges

This report documents the experiences and processes of establishing the Dilaasa Crisis Centre for Women at K. B. Bhabha Hospital. It includes all the steps and processes that went into conducting research, institutionalising training and setting up and running the crisis centre. This report would provide guidance and tools to other hospitals wanting to establish similar centres elsewhere.

2.4.1.4 Formative Research

The Dilaasa team had conducted studies at the hospital level during the initial period of the project. These studies were compiled into a report and finalised after review. This document contains the report on (1) Observation study at the Casualty department, (2) In-depth interviews with hospital staff on their perceptions towards violence against women, (3) Study of the medico legal registers at the Bhabha Hospital.

2.4.1.5 "Choosing to Live": Guidelines for Suicide Prevention

Attempted suicides or self-harm is an issue that the crisis centre has to deal with on a daily basis. While basic suicide prevention counselling is done for all, in-depth counselling is done for women who have attempted suicide and are facing domestic violence. The experience of the last three years prompted us to develop Guidelines for Suicide Prevention. It contains specific guidelines for counselling. It would be useful for those who would like to respond to a person who has attempted suicide or has

suicidal ideation. It would also be an important tool for sensitising the public health system to the issue and creating sensitive protocols and procedures for availing care within the system for such patients.

2.4.1.6 Guidelines for Health Care Professionals for Responding to Domestic Violence

These guidelines were also reviewed and have been printed for distribution amongst health care providers. It basically addresses the barriers that the health workers often express and enlists simple ways in which they can play an important role in identification, providing support and referral for women facing domestic violence.

2.4.2 An Action Research Study on Involuntary Resettlement of a Slum Community in Mumbai from a Human Rights Perspective

Involuntary resettlement refers to the relocation of a whole community/settlement as part of a development project or due to the risk of some natural calamity. In Mumbai, resettlement has become a fairly common phenomenon as part of the Slum Rehabilitation programme. The guidelines for involuntary resettlement generally specify the conditions under which resettlement is acceptable. However, these guidelines themselves are often violated. Moreover, the existing guidelines do not pay adequate attention to social, economic and cultural life of the community. This study, using the International Covenant for Economic, Social and Cultural Rights as a framework, analyses the impact of resettlement on a slum community and has been an attempt to capture the nuances of the social experience of resettlement and its consequences. It intended at documenting people's experiences of the process of resettlement – the experience of shifting, experiences both individual and collective of life in the resettlement colony. The whole process was looked at from a human rights perspective, using the *International Covenant on Economic, Social and Cultural Rights* as a framework to analyse the findings. The covenant describes several entitlements which together allow a community to acheive a desirable quality of life. This study also attempts to develop guidelines for assessment of impact specifically pre-empting adverse consequences on health and education and suggesting measures to prevent adverse consequences

The community in question is a slum of nearly 2000 households originally located at the periphery of the international airport. This settlement was relocated to Dindoshi at a site nearly 15 kms away in June-July 2002. This study probes into the impact of this relocation on health, education, social life and access to social services. The methodology of the study includes a quantitative sample survey as well as a qualitative inquiry using focus group discussions and non-participant observation.

This study was conducted a year after the resettlement took place. The main objectives of the study were to understand the social impact of such a resettlement on the lives of people. The focus of the study was on few aspects such as work, education, health and social life in general. The research team chose to talk to women since all the aspects undertaken for this study had a deep link to women's lives. Another reason to focus on these aspects is that slum resettlement is not merely an issue of housing but also the provision of basic amenities such as education, water, access roads, health care, appropriate living environment and spaces that are essential for survival.

Through this initiative certain community based activities are currently beingundertaken to address issues such as access to basic health care services, problems of access roads and transport, access to other basic amenities such as ration, maintenance and management of the buildings, water shortages, etc. Based on the outcome of the study, capacity building of community-based groups would be undertaken to raise specific demands related to health and education rights.

Findings of the Study

The period before the resettlement was ridden with uncertainty. Procuring the required documents took up a lot of time, effort and expense. This also meant a loss of

employment for adult members of the family for whom it was imparative to be present at home throughout so that their house was not considered as locked or vacant. The fear of an impending relocation also affected children's education adversely. The situation immediately after the shifting was difficult in terms of access roads and communication links from the colony to the outside world, access to infrastructure such as health facilities, schools, difficulties getting to work and finding employment. The lack of access roads added to a feeling of alienation and uprootment leading to many expressing their discomfort in the resettlement colony. Among the other immediate concerns was the absence of a ration shop in the colony. The initial days were also ridden with a lack of water supply. Women had to travel considerable distances to fetch water.

The high maintenance costs in the colony have lead to a severe economic burden on families. This in turn has lead to women increasingly taking up home-based piece work that is labour intensive, sporadic and pays very little. This has also lead to chronic health problems such as backaches and headaches. Many children have been forced to work after the resettlement. One of the reasons for this is the increased economic burden due to the high maintenance costs in a new living environment. Finding work in the vicinity has been difficult for the youth of this community as most of them have been engaged in the informal sector where familiarity plays a big role in ensuring employment. Most people who travel outside Dindoshi for work end up spending more that Rs. 20 per day on travel. This means that a huge proportion of income is spent on travel.

The data reveals that nearly 41 per cent of the women reported some health problem following delivery or abortion for themselves or the baby. This indicates the need for continued medical care following delivery/ abortion. The most significant differences are to be found on the average expenditure according to the location of the facility. The average expenditure was half when the care was sought close to the new location (Dindoshi) as compared to care sought near the old location (Jari Mari). Of those suffering from chronic illnesses, 77.2% were currently seeking treatment for their illness and 21.8% were not taking any treatment. In the trends across gender, there appears a difference in treatment patterns between men and women. Women form a larger share of those not availing treatment (24.2%) as compared to men (17.6%). Access related and treatment problems have been stated in 14.3% of the cases. The long distance travel to approach the health facility has proved to be a major hurdle to easy access. The change in the nature of housing to seven storeyed buildings where lifts are not operational have increased the problems of those who suffer severe health problems.

Prior to the resettlement, nearly 65 per cent of the children in the pre-school to the high school categories had been enrolled in some form of educational institution in Jari Mari. Of these nearly 75 to 82 per cent are between the ages of 5 and 14 years. In the 15 to 18 year age group, this drops to 43 per cent. Thus there is already a sudden drop in enrolment as the children move to the higher classes. The physical distance from the colony to the school is one of main hurdles to access. The nearest is a primary school upto class 7 due to which the secondary school children have to travel long distances. Hence lack of a school was a major reason for poor enrolment.

It is clear from these findings that providing a house for the loss of another is not complete resettlement. Ensuring provision of basic amenities such as access roads, water, health care facilities, schools must be a prerequisite for all resettlement projects before shifting people. Alternative accommodation should be made sustainable for purposeful resettlement.

Team Members: Qudsiya Contractor, Neha Madhiwalla, Padma Deosthali, Shakuntala Bhalerao, Zainab Kadri, Shabana Ansari and Deepti Jadhav.

Supported by: Swissaid, Pune

2.4.3 *Aarogyachya Margavar* –Women's Resource Kit on Domestic Violence

The present study was part of a community health programme, which CEHAT initiated in

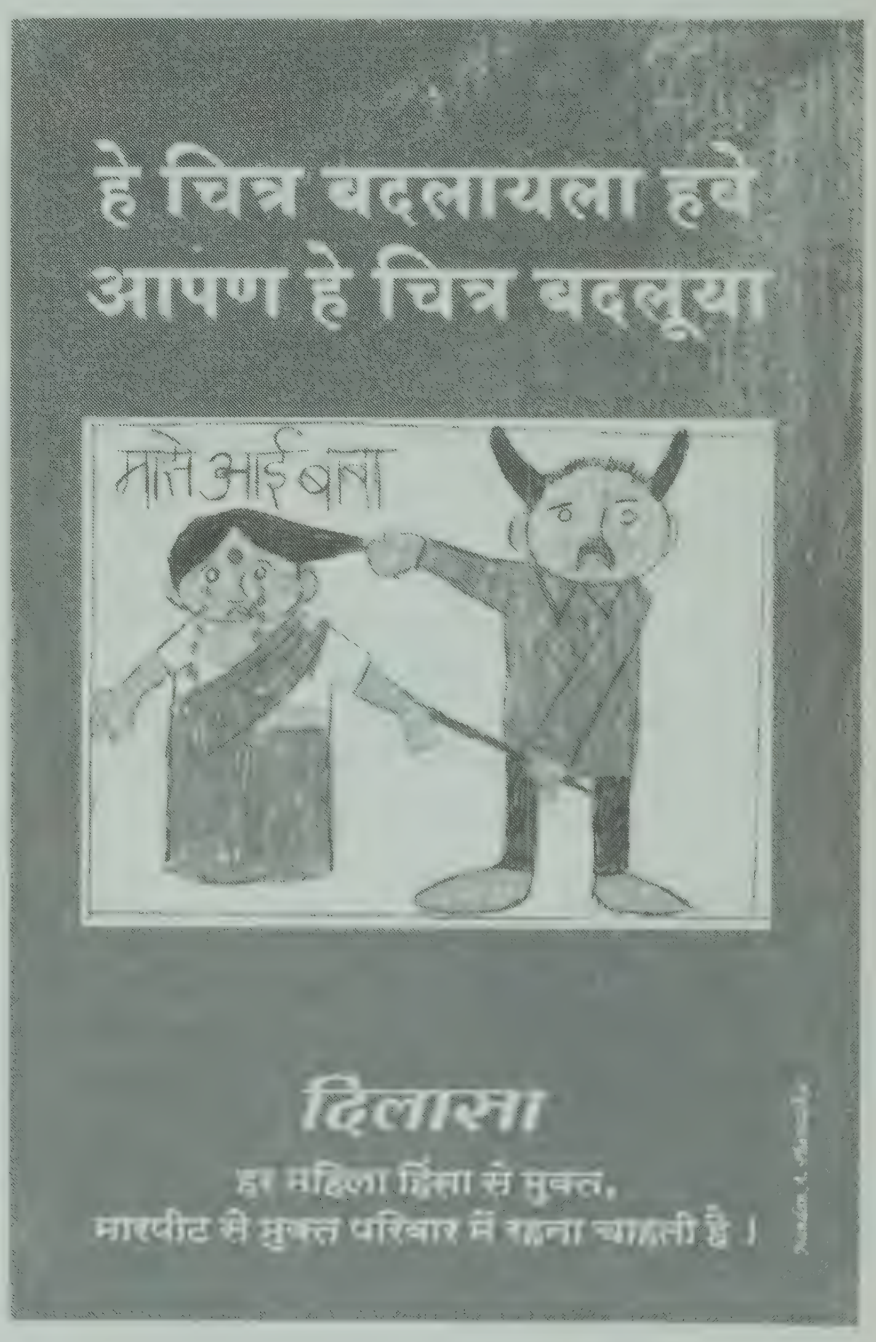
a slum community in eastern suburb of Mumbai in 2003-2004. The community health programme was called *Aarogyachya Margavar.* During this project, research - both household level study and a qualitative study using focused group discussions was undertaken independently by a research team from CEHAT. The research throws up clear evidence of widespread prevalence of domestic violence within the community, looks at the reasons for the violence and explores what women do to seek help to come out of such situation. The plan of this project had also envisaged making a Resource Kit .

The objective of the Resource Kit is to share research findings, create awareness about domestic violence, give information about services available to the victims and create awareness about the rights of women facing domestic violence. This Resource Kit (booklet) is in Marathi.

"My husband used to hit me, slap me ... *laath marta tha.....*". These are the common utterances of the victims. Those are the unfortunate women who face domestic violence and suffer. No woman should ever be subjected to such ill-treatment. But if she faces such a situation there should be help available to her. This booklet can show how and where to get help. The booklet contains the details about nature and types of domestic violence, reasons for recurring violent incidences, myths about domestic violence, tips to prevent violence, legal help and counselling for victims to provide them relief. The finalisation of the contents of the Resource Kit is in process.

Team Members: Meena Deval and Sushma Gamre

Supported by: Mac Arthur Foundation, Chicago, U.S.A



These are coloured posters available at CEHAT.

3. ACTION AND INTERVENTION

CEHAT's action and intervention has reached new heights during the last two years through consistent activities of SATHI and Dilaasa. In its endeavour to ensure Right to Health to the people the SATHI Cell has initiated activities at the local, state and national level. It has continued to support people's organisations in Maharashtra and Madhya Pradesh to develop and strengthen the Community Health Workers programmes to promote local advocacy on Primary Health Care issues. It has also recoursed to judicial intervention by intervening via PIL on the issue of death of children in tribal districts in Maharashtra. Public Hearings on the issue of denial of health care in public health system were organised to document cases of denial and deprivation of health care. Development of training and awareness and advocacy material, appropriate to the above activities was also undertaken by the SATHI cell.

Dilaasa Crisis Centre for Women is a joint initiative of CEHAT and the Brihanmumbai Mahanagarpalika (Bombay Municipal Corporation). It is the first initiative in India in a public hospital that provides counselling services to women facing domestic violence as well as training and sensitisation to the hospital staff. Dilaasa has expanded its activities in last two years in which they have extended their training programmes to four other municipal hospitals in Mumbai. Domestic Violence, which was never seen as a health issue by the health system, is being recognised as a public health issue and a violation of women rights.

3.1 SATHI Cell

SATHI (companion) stands for Support for Advocacy and Training to Health Initiatives. SATHI cell aims at fostering a broad-based health movement by offering training and advocacy related inputs to various organisations taking up health initiatives. Activities of the Cell mainly include -

1. Continued collaboration with four People's Organizations in Dahanu, Aajra areas in Maharashtra; Pati and Sendhwa areas in Madhya Pradesh for strengthening the ongoing Community Health Worker (Arogya Sathi / Swasthya Sathi) programmes and local advocacy on Primary Health Care issues.
2. Carrying out action research on specific issues.
3. Developing relevant training, advocacy and awareness material.

During the last two years, the SATHI Cell has continued to expand its activities and has taken significant steps to promote health rights at the local, state and national level during this period. The team played a key role in initiating and facilitating the Right to Health Care campaign at various levels where the Cell is involved. This has been accompanied by significant expansion of the Community Health Worker programme in collaboration with a government scheme in the Dahanu area and strengthening along with some expansion of CHW programmes in other areas. Bringing out publications and doing appropriate action research in various forms has complemented these activities.

1. Support to the Health Initiatives of People's Organisations

1.1 Strengthening the sustainability of the ongoing *Arogya Sathi* programmes (Community Health Worker Programme)

SATHI cell has been involved in promoting the Community Health Worker (*Arogya Sathi*) programmes in remote areas. The challenge during the last two years has been to move towards a more sustainable framework of support to these programmes. Specific activities were planned to enhance social sustainability of the health workers and to aim at regular financial support to them through public funds.

1.1.1 SNDT University Certification

For giving greater legitimacy to the health workers, the team had been trying to build linkages with the SNDT Women's University in Mumbai, for affiliation of its ongoing health worker-training course. In 2003-2004, the

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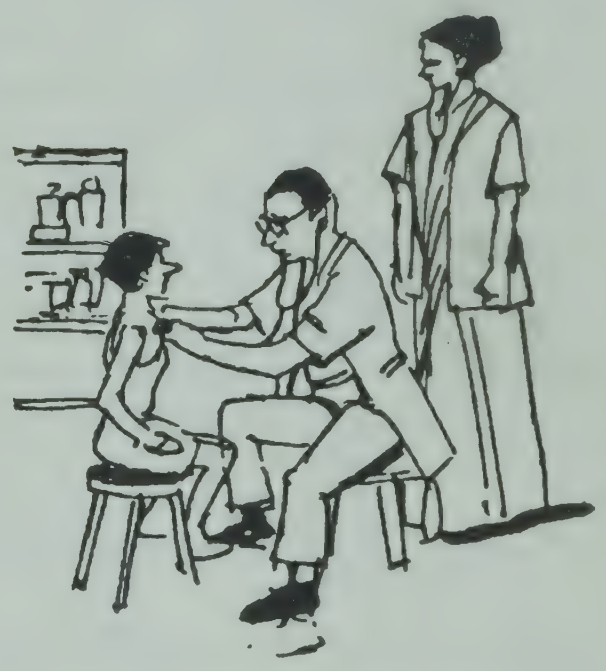

महिला स्वास्थ्य सेविका द्वारा रोज़, और डॉक्टर के द्वारा सप्ताह में एक बार,
सादी बीमारियों की जाँच और इलाज, इसके लिए २५-३० दवाएँ ।

गर्भवती महिलाओं की जाँच और छोटे बच्चों का टीकाकरण ।

SNDT University approved the curriculum prepared by the SATHI team and the course is now affiliated to the University by the name 'Village Health Worker Programme'. In the year 2003-04, a batch of 45 health workers in Dahanu underwent training and appeared for the examination conducted by SNDT. All the health workers passed with good score in the University examination held in January 2004. The University certification and successful completion of the course by a first batch of health workers is a significant step forward in the standardisation of health worker training in Maharashtra.

Similar training in accordance with the SNDT University approved curriculum and certification of health workers was subsequently conducted in Ajara and then in Barwani. Sixty Community Health Workers in these two areas appeared for the SNDT examination and have received this certificate. This boosted the social legitimacy of the health workers and also provided a basis for more systematic linkages with the public health system from the point of view of sustainability.

1.1.2 Linkages with the Government Schemes

In Maharashtra in Dahanu area, in collaboration with the Kashtakari Sanghatana, advocacy initiative was launched in trying to get larger number of women selected as *Pada Swayam Sevaks* under the *Pada Swayam Sevak (PSS* -Hamlet Health Workers*)* scheme. The result was that 50 women were either appointed or reappointed as *Pada Swayam Sevaks* in the two PHCs areas – Kasa and Saiwan. This included a few health workers who have been working in the collaborative 'Kashtakari Sanghatana- CEHAT health worker based programme'.

Linkages with Maharashtra Government's Pada Swayamsevak Scheme (*Pada Aarogya Sathi Yojana* Project, July 03 onwards) -

An important step towards building linkages with the public health system was the provision of upgraded training as per the SNDT approved curriculum, as mentioned above, to 45 women *Pada Swayam Sevaks* – PSSs in Dahanu block, as part of the *Nav Sanjeevani Yojana* of the Maharashtra Government, which has been launched since 1996. (*Pada Aroyya Sathi Yojana* is a collaborative project in Dahanu area between SATHI Cell of CEHAT and Maharashtra Government's Health Department). Every year in June, in the tribal areas of Maharashtra, one person in each hamlet is appointed by the public health system to work for six months (monsoon / post monsoon) of the year, to carry out a few very basic health tasks. In mid-2003, the team was successful in its advocacy in Dahanu block, which enabled women *Pada* Workers in two PHC areas to undertake the much needed upgraded training, thus equipping them to work as full-fledged health workers under this scheme.

Due to the advocacy for a special drug supply provision for these PHWs, a special provision of Rs.50,000 for drugs for this project was made by the Health Department. During July 2003 to December 2004 these PHWs treated over 10,800 patients. First Contact Care was available in the hamlets itself and the resources of the cash starved tribal people have been saved, due to this programme. Wider health awareness activities, community support, decentralised disease surveillance have also been organised with the help of *Pada* Health Committees.

In the new phase, only women will be selected as health workers in all 8000 tribal hamlets in these districts. The SATHI training curriculum and training manuals would be used as a major source for this large scale initiative. The SATHI cell would be involved in the model training for the government's trainers in one district. This official, improved Pada Health Worker programme would thus significantly draw upon from Dahanu experience.

Intervention by the SATHI cell in the context of Mumbai High Court case on child deaths in tribal areas led to the inclusion of a specific Mumbai High Court Order (Mumbai High Court Order as regards- PIL no.s – 5660, 5662, 5915, 5917 *of* 2004) on 21st October 2004 that the PHWs (known as *Pada Swayam Sevaks –PSSs*) in five sensitive tribal districts (Thane, Nashik, Gadchiroli, Nandurbar, Amravati) of the State should be given

upgraded training.

In Western Madhya Pradesh, an initiative to increase sustainability of *Swasthya Sathis* has been the projection of the *Swasthya Sathi* (village health worker) programme as a model for ensuring village level health services in various parts of the state. The *Swasthya Sathi Mela* organised in April 2003 was addressed by the State's Health Minister, who was impressed by the knowledge and confidence of the ordinary tribal women who have been trained as health workers and assured regular drug supplies. This was envisaged as a first step towards promoting the *Swasthya Sathi* model as a state level alternative, to be supported by the public health system. However, due to political changes on account of change in the government in Madhya Pradesh post elections in December 2003, this support could not be actualised. Efforts are continuing to get this official support promised by the Health Minister.

1.1.3 Training Support to *Arogya Sathis*

In Aajara, Dahanu and Pati area, revision classes for *Arogya Sathis* have been regularly conducted while certain new training topics like common skin and eye conditions as well as the issue of Right to Health Care have also been introduced.

In addition, the training in women's health was reinforced. The focus was not on imparting clinical skills, but rather to deepen the knowledge of the health workers about the social aspects of issues like menstrual taboos, infertility and sex selection. This was to increase their capacity to advise and counsel women on these issues. In Pati area, health workers have undergone training in treatment of reproductive tract infections in women with use of herbal medicines.

This training involved self-examination and mutual examination due to which women health workers' interest and confidence increased tremendously.

1.2 Initiatives to Promote Local Advocacy Activities

Inputs for local advocacy have been given by the team in all the four areas, related to different health issues taken up by the people's organisations.

Maharashtra

In January 2004, a unique public hearing on the issue of denial of health care in public health system was organised at Mokhada by *Shoshit Jan Andolan*, a coalition of peoples' organisations. Team members gave vital inputs to the local activists on all the aspects of the public hearing. One of the cases of denial of health care presented in this public hearing was selected for Regional Public Hearing in Bhopal in July 2004. As a result of sustained follow-up of this case, the concerned guilty doctor was transferred.

In Aajara, the other field area in Maharashtra, with inputs from the SATHI cell, a rally to stop misuse of injection and saline was organised in December 2003 by the *Shramik Mukti Dal*, our partner organisation in that area. The organisations of doctors in Aajara were under some pressure and declared their support for this rally. After this march, the misuse of injection-saline has declined further. In May 2004, with inputs from the SATHI Cell, the *Shramik Mukti Dal* organised a Women's Health Convention in Aajara in which a series of demands for women's health were put forward. As a follow-up of this convention, under the threat of an indefinite - Sit In Struggle - the local officials fulfilled the immediate demand of construction of toilets for women at the State Transport bus stand. Women had strongly raised this issue as a health issue and were successful in getting their demand fulfilled.

Kashtakari Sanghatana took the initiative to organise a series of demonstrations to protest against the continued low performance of PHCs and the Rural Hospital in Dahanu-Mokhada area. Protest marches were held in Ganjad and Kasa in January 2005 and in Mokhada in February 2005. SATHI team members gave vital inputs for the success of these demonstrations, which led to certain important issues being highlighted.

Madhya Pradesh

SATHI team members participated in the initiation, planning and execution of various

health advocacy programmes taken up by the local *Jan Swasthya Samiti* and the People's Organisations, *Jagrit Adivasi Dalit Sangathan* (JADS) in Pati block and by *Adivasi Mukti Sanghatan* in Sendhwa block of Barwani district. For example, a convention of all the health workers trained by SATHI Cell in four areas of Western Madhya Pradesh viz. Pati, Sendhwa, Jhabua (Raipuriya) and Barwani block was organised in April 2003 by various organisations with inputs from SATHI team members. Nearly 150 people including 70 health workers from different villages had gathered for this convention. Subsequently, certificates of appreciation were awarded to all the health workers. On this occasion, the Health Minister gave an assurance to provide free basic medicines to these health workers on a regular basis.

On 4th September 2003, a ***Jan Sunwai*** (public hearing or tribunal) was organised by the *Jan Swasthya Samiti*, Sendhwa on the issue of poor status of public health services in Sendhwa tahsil of Madhya Pradesh. This was a part of the nation wide campaign on the issue of denial of health care in public health system. SATHI cell members participated in the preparation for this *Jan Sunwai* and one of the Cell members was a panellist. This was followed by a *Jan Sunwai* on 11th September 2003, organised by JADS, in the premises of the CHC, Pati. SATHI team gave inputs towards preparations for this public hearing as well as for documentation of the cases of denial of health care. About 500 people mobilised by the people's organisation attended the public hearing from various villages of Pati block.

1.3 Training Inputs, Organisational Guidance and Support to Local Health Advocacy

In Madhya Pradesh, SATHI Cell initiated a Community Health Worker (*Swasthya Sathi*) programme in partnership with *Adivasi Mukti Sangathan* in Sendhwa area. The team has also been giving regular inputs for the *Swasthya Sathi* programme initiated by *Khedut Mazdoor Chetna Sangath* in Alirajpur area, and limited, occasional inputs to the NGO-supported health worker programmes in Petlavad block (organised by SAMPARK) and Barwani block (organised by Ashagram Trust). In Maharashtra, at Nashik, a day long orientation camp in July 2003 on possibility of undertaking Health Movement was organised for the activists of National Alliance of Peoples' Movements (NAPM) from various parts of Maharashtra.

SATHI team has been giving training inputs for workshops conducted on rights based approach in health work and monitoring of public health system under the Panchayati Raj. These trainings were done at the invitation of Aalochana, Rachana Trust and for the partner organisations of CRY (Child Relief and You).

2. Action Research on Specific Areas

The team takes up issue-based enquiries into various aspects of health and health care services, especially public health system to make action and advocacy efforts evidence-based. Some of the studies facilitated by the SATHI team, in collaboration with other organisations, are as follows:

2.1 Documenting Health Care Facilities in Tribal Area

SATHI team guided an intern (Jovial) from the Karve Institute Social Studies, to conduct a study on the availability of the health care services and facilities in tribal area of Alirajpur tahsil of Jhabua district. The objective was to document the various health care preferences of the tribal people in the study area, to know the availability of different health care facilities within and outside the village and the trends in the use of herbal medicines.

2.2 Status of Public Health Care Services in Barwani District, Madhya Pradesh

In this study conducted by the *Jan Swasthya Samiti*, Barwani, SATHI Cell played a key role in all stages. The objectives of this study were to assess the level and limitations regarding availability of the health care services in the government health facilities. The data were collected from all the 31 Primary Health Centres (PHCs), 5 Community Health Centres (CHCs), and the District Hospital of Barwani. The sources of data were records available at the facilities; interviews with various health care providers, patients and villagers; and

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सभी सादी बीमारियों के इलाज के लिए
दो निवासी डॉक्टर और साधारण
११० तरह की दवाएँ रहनी चाहिए ।

गंभीर रोगियों के लिए गाड़ी/एम्बुलन्स
की व्यवस्था होनी चाहिए ।

जाँच की सुविधा और नियमित
टीकाकरण की व्यवस्था ।

कम से कम छह रोगियों को भर्ती
करने की सुविधा ।

direct observations using checklists at the health care facilities. The data showed that public health care system in the district at different levels was poorly equipped in terms of infrastructure and trained human power/ health care providers to serve people. Recommendations were made to the State for improvement. The field level data collection for this study was done mainly by Sanjay Tirkey (an intern from Community Health Cell, Bangalore, who was with the SATHI Cell for four months).

2.3 State Level Facilitation of Survey on Rural Public Health System

This survey at state level was conducted in Maharashtra by various constituent organisations of the *Jan Aarogya Abhiyan* (JAA), Maharashtra, for a sample of 144 PHCs and 19 Rural Hospitals spread across 62 talukas in 18 districts of Maharashtra. The SATHI team played a leading role in this process. The protocols were administered by activists of local organisations associated with JAA in different districts of Maharashtra, to document cases of denial of health care at public health care facilities; and to document availability of various services, staff, equipment and infrastructure in the sub centres and Primary Health Centres. The findings were presented to government officials at various public hearing meetings in different places in Maharashtra. The consolidated Maharashtra report was prepared by the SATHI team and on behalf of JSA, it was presented to the NHRC during the Regional Public Hearing at Bhopal in Madhya Pradesh on 29th July 2004. Ms. Bharati Takale an intern from National Centre for Advocacy Studies (NCAS) worked with the SATHI team for six months and based on the report in English and other documents, prepared the draft of the report in Marathi of the process of public hearings in Maharashtra.

3. Development of Training, Advocacy and Awareness Material

Development of training, awareness and advocacy material, appropriate to the above activities is an integral part of SATHI cell's activities. Material published during the last two years includes:

3.1 Training Material

- Pictorial training manual for non-literate health workers *Arogya Sathi* (Marathi) and *Swasthya Sathi* (Hindi) volume II of 116 pages each.
- The training manual in Marathi for primary educated village health workers – volume II, 204 pages.
- A pictorial training manual in Marathi and Hindi on herbal medicines, 20 pages.
- Resource book in Marathi for training on *How to conduct dialogue with health authorities.*
- The improved and Hindi version of the flip chart on *Anemia.*

3.2 Awareness Material

- Slideshow on Woman's Reproductive Health – 75 multicoloured slides.
- Reprinting of the pictorial posters on misuse of injection and saline
- Services that should be available at village, Sub centre, PHC, CHC level.

3.3 Advocacy Material

- Health and Human Rights Readers, by Claudio Schuftan. (Compilation and editing by a SATHI team member)
- A new 'Health Calendar' for the year 2004 and 2005, specifically designed to facilitate people's monitoring of actual outreach of public health services at the village level.
- Handbook for documentation of evidence as regards denial of health care and structural deficiencies in particular health facilities underlying such denial.
- Note on background of Right to Health Care Campaign.
- Note on How to organise a public hearing on denial of health care.

Team Members: Anant Phadke, Abhay Shukla, Amulya Nidhi, Ashok Jadhav, Bhagyashree Khaire, Bhausaheb Aher, Dhananjay Kakade, Kajal Jain, Neelangi Nanal, Prashant Khunte and Sameer Mone.

Supported by: NOVIB, Netherlands.

3.2 Dilaasa: A Crisis Centre for Women Survivors of Domestic Violence

Dilaasa is the first attempt in India to establish a crisis centre in a public hospital

that provides counselling services to women facing domestic violence. Research shows that domestic violence is one of the major causes of ill health for women across class, caste, religion and country. It deeply affects women's physical as well as emotional health. However, it has received significant recognition as a health issue. It was the women's movement that brought domestic violence into the public domain in 1980s. The struggle led to the setting up of counselling centres, shelters and also changes in the law to protect rights of abused women. But the public health system has not received adequate attention although it is the first contact for women after any episode of violence. A victim may not go to the police but has to come for treatment of the injuries to the health system. The uniqueness of a crisis centre based in the hospital is that it emphasises early detection of persons at risk, treatment of injuries in a context of compassion based on understanding victimisation trauma, crisis intervention and effective linkage and referral resources for necessary follow-up care.

In the last three years Dilaasa has established itself as a centre providing feminist counselling, training to different levels of staff from the health system on gender sensitisation to enhance their ability to respond to patients facing domestic violence and forming an important link in the criminal justice system. Most importantly, it is creating awareness about violence as a health issue and therefore the right of a woman patient to be provided with support and care in each of her visits.

3.2.1 Counselling Centre

The objectives of the Counselling Centre are - to provide social and psychological support to women facing domestic violence; to establish interdepartmental referral systems within the hospital to facilitate the referral of women to the centre and to establish contacts with other organisations for easy referral of women with specific needs like skill- building and financial support.

Process

The counselling centre has been established as a department of the hospital. Systems have been developed to ensure interdepartmental referrals through use of referral slips, cards and pamphlets. The onus of using these falls largely on the doctors and nurses of the respective departments. Screening and identification for domestic violence is done for women who receive treatment at the Outpatient Departments (OPDs), with the departments for women registered as medico legal cases and visits to the inpatient departments and screening women. The respective departments are being asked to refer the women to counselling centre. In cases where women are not in a position to come to the centre due to their physical condition, counsellors visit them in the wards.

The referral to the centre for the years 2003-05 was 671(new women registered) and 1896 counselling sessions were held. The average number of follow-up counselling sessions has increased from 50 per month to 80 per month. The centre witnessed substantial increase in the total number of women seeking Dilaasa services and following up for the services.

The increase in the caseload affected the weekly case presentation meetings, as it was difficult to convene and conduct such a meeting. The time as well as the practice were changed. While earlier counsellors were presenting case by case, they began to present the details of each on daily basis amongst themselves and only the non-routine ones during the case presentation meeting. In December, this new practice was evaluated and some serious gaps in the counselling session were identified when the sessions were presented after a long gap. The team along with the consultant reviewed the situation and it was decided that each counsellor must give a brief reporting of the counselling done by her in the last week, identifying the challenges and the positive impact of techniques used.

Majlis continued to provide legal counselling and legal aid to women. Nearly eighty-four women consulted the lawyer from April 2003 to March 2005 for counselling. The needs expressed by women were information on rights related to maintenance (35), custody (26), divorce (17) and injunction (21). Fourteen women wanted to know their rights and only wanted legal advice. Four women wanted advice in responding to notices sent by their husbands. Two sought support for filing a case under 498-A, while one for restitution of conjugal rights, one for a case of cheating and two sought advice on property matter. For the women who followed up and decided to take legal recourse, Majlis has filed their cases. Twenty-five women were helped this year in filing cases in the court, out of which eleven women sought maintenance, two sought injunction, two sought custody of their children, three went in for divorce-injunction-maintenance, two for maintenance and custody and three applied for restitution of conjugal rights.

Dilaasa continued to seek support from Awaz-e-Niswan, Sukh Shanti and Ashraya for reaching out to women. One of the issues that came up sharply this year was the absolute lack of shelter facilities in the city. The shelters do not accommodate women with health problems. Thus a huge struggle had to be put up for two women who were in their last trimester and needed a safe place to live. In another case, a woman who was shelterless and was suspected to have a mental illness apart from many physical ailments was unable to get admission into any shelter despite involving the State Women's Commission. Although shelter was found for her after lot of efforts, these experiences raised the issues of discrimination at shelters.

3.2.2 Training

The importance of conducting training programmes to achieve the objectives such as gender sensitisation training of the entire hospital staff, training of health professional (doctors, nurses, social workers) at the hospital in screening women patients reporting for treatment in various department of the hospital and training of health professionals from the peripheral hospitals of the BMC in Mumbai for sensitising them to the issue of domestic violence were felt to be of paramount importance to Dilaasa. This culminated in organising various trainings programmes.

3.2.2.1 Training of Trainers from Other Peripheral Hospitals

In 2003, orientation was imparted to the Medical Superintendents of four hospitals of the BMC, which started the process of training of trainers from the four hospitals. The hospitals identified were: Eastern suburb-Rajawadi Hospital, Ghatkopar; MT Agarwal Hospital, Mulund (W); Bhabha Hospital, Kurla and Cooper Hospital in Western suburb. The topics covered were: domestic violence a health issue; Dilaasa's concept and work; gender, gender based violence and its impact on health; violence as a human rights issue; role of health care provider in responding to victims of domestic violence; principles of adult learning; participatory training, methods of participatory training; planning and conducting sessions; counselling; communalism, medical ethics and human rights. The participants were so enthused after the training conducted by Ms. Manisha Gupte that they were very keen to visit MASUM. A two-day visit to MASUM was planned in September 2004. The training programme was concluded in October 2004 with a daylong session on planning for the future work and evaluation of the training

programme. Dr. Amar Jesani, Ms. Aruna Burte, Ms. Manisha Gupte, Ms. Renu Khanna, Ms. Padma Deosthali, Dr. Seema Malik and Ms. Swati Pongurlekar conducted the training.

3.2.2.2 Training in Counselling for Community Health Workers

In 2003-2004, the community health workers working at two health posts in the Eastern Suburbs were trained in counselling by the Dilaasa team. The topics covered were: meaning of counselling, understanding women centred counselling, counselling approach adopted at Dilaasa, impact of violence on health of women, practice in counselling skills, cycle of violence, importance of documentation and developing a form for the centre and applying principles of ethics to counselling. This was a two-day training before they started their work.

3.2.2.3 Training in Crisis Counselling for Hospital Social Workers

The female social workers from sixteen peripheral hospitals of the BMC were trained in counselling skills. The main objective was empowering them with basic counselling equipping them to provide immediate support to women facing domestic violence. A five-day training module developed in 2003-2004 was used for conducting this training. Ms. Aruna Burte, Ms. Padma Deosthali and Ms. Sangeeta Rege mainly facilitated the training. Ms. Nirmala Sathe conduted a day-long session on police and legal procedures. During a panel discussion on quality of counselling, experiences from Women's Centre, Special Cell for Women and Children, MASUM and Dilaasa were shared. Based on the feedback received and the evaluation the module would be further strengthened. The social workers expressed the need for such inputs on regular basis.

As part of training, the counsellors decided to present different chapters from the book *Feminist Psychotherapy* and a discussion was held in the context of its application at Dilaasa.

3.2.2.4 Training at the Hospital

The core group of trainers from Bhabha Hospital met a couple of times and they participated in the Training of Trainers programme. Training for the core group of trainers at Bhabha was held. Memories of Fear - a film by Madhushree Dutta was screened and a discussion on sexual abuse was held. This was followed by a video documentation of a group session on reproductive health facilitated by Ms. Manisha Gupte from MASUM. The ways of communicating reproductive health issues with women were discussed. The core group conducted two orientation sessions for the new staff transferred to Bhabha hospital and one follow-up training for the old staff.

3.2.2.5 Documentation of Training Sessions

The process documentation of training sessions has been undertaken. Process documentation is done instead of writing a report of the training as it is found that the documentation of the processes is extremely useful in improving and enriching the modules. Post-test evaluation forms were administered to participants of the ongoing training at Bhabha Hospital. Summary report of these forms has been compiled. Baseline surveys were administered during the first training session for participants of the Training of Trainers programme (in February and March 2004). Post-training surveys measuring the same concepts were administered after the conclusion of the programme to assess changes in knowledge and attitudes among the participants. Feedback on each of the training modules has also been sought and the reports of the same have been prepared.

3.2.2.6 Developing Manual

The module for orientation of hospital staff (three hours) developed by the core group of trainers at the hospital was reviewed and finalised. This module has been used for training of almost 30 groups (each group having at least 20 participants) of hospital staff from all categories. It has also been translated into Marathi and sent for review to experts from this field.

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In 2003-04 the team had developed a framework for the manual on domestic violence and role of health professionals. The manual has two parts- first contains sessions for training of trainers and the second part consists of session on crisis counselling. The session outlines for the various modules are complete. The framework for the training of trainers from other hospitals remains the same. The process documentation of these sessions will be used to finalise the manual.

3.2.3 Advocacy

Apart from the service provision and training, the team continued to put in efforts to create awareness about the issue and change of attitude in society about violence against women. The objectives of advocacy were to create awareness about gender based violence and its consequences on women; to create awareness about the crisis centre and its services amongst organisations, other hospitals, health posts and maternity homes and community at large.

Process

Dilaasa provides support to women in abusive relationships through counselling through the hospital. While creating these services within the public health system are important for preventing further abuse, there is a need to simultaneously engage in efforts to create awareness about the issue and change attitude in society about violence against women.

3.2.3.1 Awareness through Poster Exhibitions

Posters were put up in all the 24 peripheral hospitals of the BMC and in maternity homes and health posts of the BMC in Bandra East and West. Pamphlets and call cards of Dilaasa were distributed in all the hospitals. Calendars were distributed to 24 hospitals and all the ward offices of Mumbai. Poster exhibition on a monthly basis was organised in all the Outpatient departments of Bhabha Hospital. This helped in creating awareness both among hospital staff as well as the patients. Poster exhibition was organised on Violence Against Women at Bandra railway station and Churchgate station. A stall on violence against women was also put up in the health mela organised by Navjeet Community Health Centre.

3.2.3.2 Awareness Sessions were Conducted for the Following Groups

Dilaasa team conducted awareness sessions for college students as well as women in the community on social issues and specific themes like gender based violence.

College Students

In collaboration with Anubhav Shiksha, a programme that works with six colleges in Mumbai to develop consciousness about socio-political issues, two-hour session were organised for two colleges in Mumbai. 100 students attended each session. A session on gender-based violence was conducted for students of Ruia College as part of the inaugural programme of their Women's Development Cell.

Women in the Community

Awareness sessions were conducted for women. BECC and Nirmal Centre were the two organisations that organised community level meetings on the issue of domestic violence. Both the organisations expressed the need to organise more sessions. Creative Handicrafts organised a women's group meeting and a session on women and law was conducted.

3.2.3.3 Visits to Other Organisations

The team members visited other organisations to share the centre's activities and also to understand ways in which work could be done in collaboration. Visits to Manav Jyoti, Salvation Army and MESCO were made. These are important for referring women with specific needs viz, economic support, shelter or skill building.

3.2.3.4 Role of the Police

The role of the police in cases of domestic violence is a huge problem. Women are very often sent back without their complaint being registered. The police actively engage in arbitration by calling the woman's husband without her consent, speak to both the parties and resolve cases without registering it. More than often women are told to change their behaviour. Such cases have been documented

and meeting with representatives from the police system and the State Women's' Commission on the issue are being planned. The process of consultation with other organisations on the issue has already been initiated.

3.2.3.5 International Women's Day

On the occasion of International Women's Day on 8th March 2004, a get-together was organised of women who have accessed Dilaasa's services. About forty women participated in the programme. Group discussions were held with participants about their expectations of government agencies in response to their health and social needs, as well as their perceptions about strategies to prevent violence against women. The report of these discussions has been prepared both in English and Hindi.

3.2.3.6 Student Placement

Three students from Nirmala Niketan - the College of Social Work, were placed for fieldwork at Dilaasa. They engaged themselves in all activities of the centre. The placement has proved to be helpful in developing and strenghtening a relationship with the College.

3.2.3.7 Participation in Campaigns

The planning and organising of events during the International Campaign to Stop Violence on Women and Girls (November 25- December 10, 2004) was undertaken by the Dilaasa team, which drafted the Charter of Demands and *parchi* (a pamphlet that contains facts and figures on VAW). The team participated in the event at the Gateway of India where a protest march was organised followed by a musical concert on 25thNovember, 2004. During the night out organised for adolescent girls, three of the team members were facilitators for the group discussion held on gendered spaces. The team took part in the Mumbai level meetings of the Jan Swasthya Abhiyan in which process to put pressure on the public health facilities of Mumbai was initiated. A note based on the formative research done at the hospital level was submitted for the meeting of the Women and Health Cell of the Medico Friend Circle.

3.2.3.8 Collaboration with the All India Institute of Local Self-government

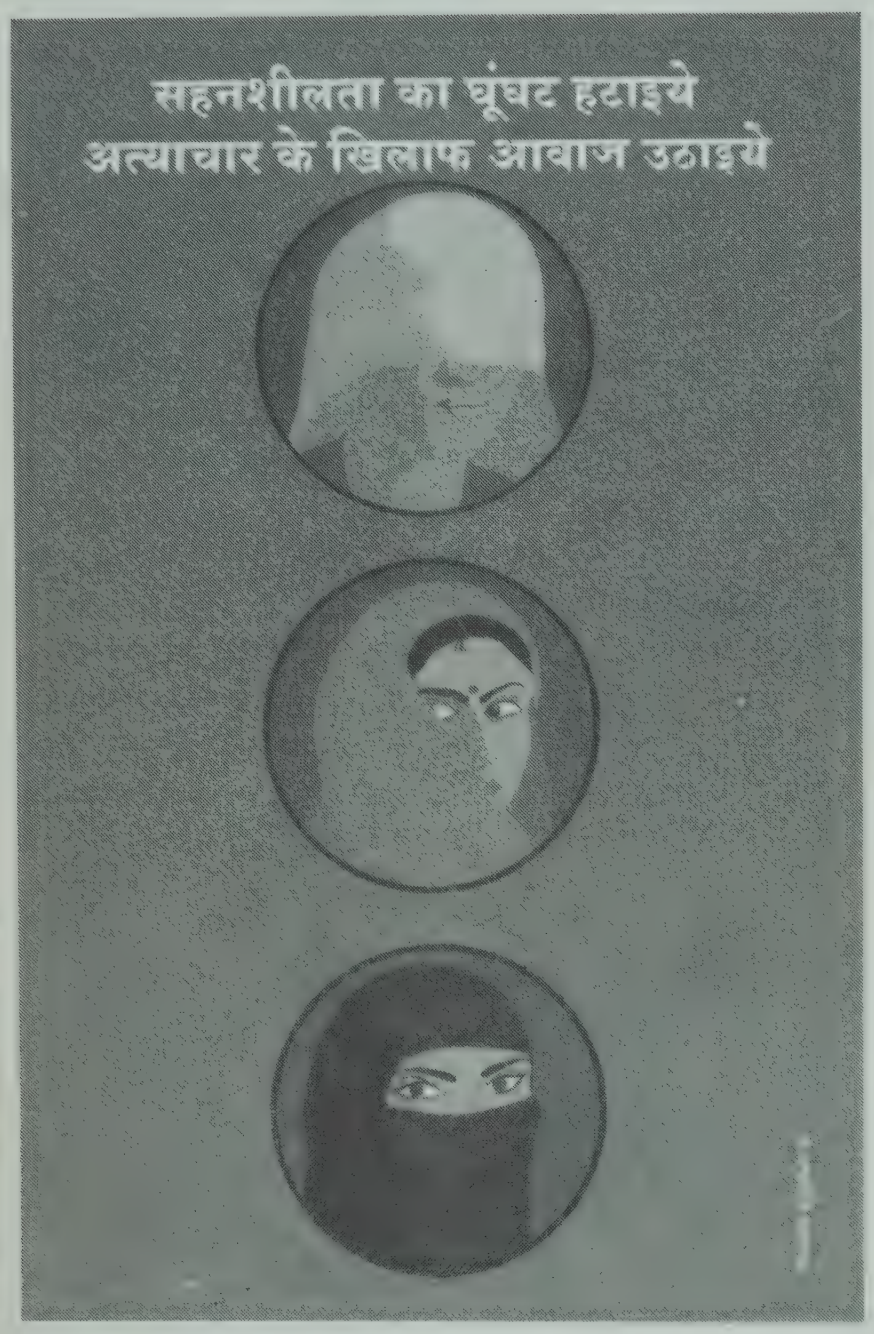
With the aim to sensitise the other local bodies, Dilaasa decided to collaborate with the AIILSG, Mumbai for organising training workshops for the health functionaries from the different municipal corporations and councils in the country. It was decided that three workshops would be conducted: one at the state level and two at the national level (one for the southern and eastern regions and second for the northern and western regions). The first one was to be held in December but was postponed due to the assembly election till March 2005 and due to very few confirmations received the workshop could not be held in March.

3.2.3.9 Dialogue with Local Groups

The centre continued to engage in dialogue with local groups that dealt with domestic violence cases. Often mindless arbitration using threats and abusive language is done which further puts the woman in a more vulnerable position. Women often feel that the abuser should be beaten up or threatened with dire consequences but if violent ways are used to counter violence, it will only be counter productive. In this light a session was conducted for the members of community based mandals of WRAG. Twenty-five women participated in this dialogue. A session on counselling principles was conducted for community health workers from Focus India. A session on violence a public health issue with focus on domestic violence was conducted for the participants of the paralegal course held by India Centre for Human Rights and Law for grass roots level workers.

Team Members: Padma Deosthali, Pramila Naik, Radhika Menon, Rashmi Agarwal, Sangeeta Rege, Shreya Bhandari, Tabassum Mulani. BMC staff: Chitra Joshi, Dr Seema Malik. Support staff: Shilpa Mayekar, Sudhakar Manjrekar and Rajesh Shetye.

Supported by: Ford Foundation, New Delhi.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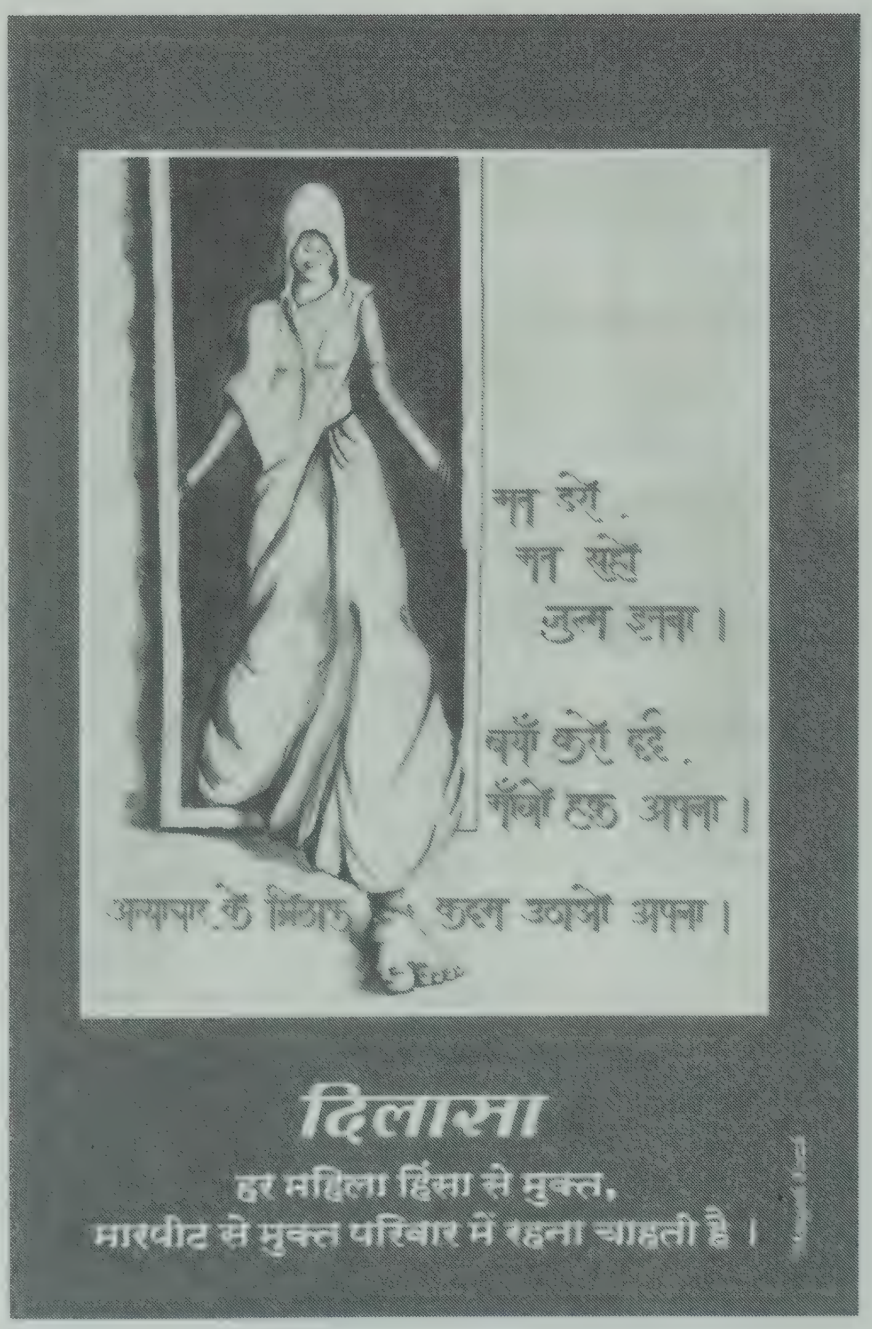
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हर महिला हिंसा से मुक्त,
मारपीट से मुक्त परिवार में रहना चाहती है ।

4. HEALTH INFORMATION CENTRE

4.1 Library And Documentation

The library and documentation unit is a support unit of CEHAT. Below are the highlights of activities related to documentation and publication undertaken by various project teams and individual staff members engaged in work on different themes presented earlier in this report.

4.1.1 Mumbai Library

The consolidation of the health information centre has seen good progress during these two years. The total collection of books and reports has grown up to 8957 with addition of 1274 books during the last two years. The library is now fully computerised for easy access. Bibliographical information about 8957 documents is available on the system-using WIN ISIS for quick search and retrieval of documents. The library has set up a Current Awareness Service (CAS), List of New Books (LNB) and Bibliographic Service on topics like Women, Medical Ethics, Health Economics, Gujarat Carnage, Human Rights, Nutrition, Public Distribution System, Private Health Sector which is also put up on the CEHAT website. The library subscribes 21 periodicals and 6 daily newspapers and receives 15 periodicals on complementary basis.

4.1.2 Pune Library

During the last 2 years the Pune Library has made remarkable progress. 761 new books have been added taking the total number to 1533. The library subscribed 17 periodicals and 5 daily newspapers. Separate reference section has been created and updated with valuable reference tools such as Health Information of India, Human Development Report, World Development Report, Economic Survey, Marathi Vishwa Kosh, Census Reports, different languages and Subject Dictionaries, Gazetteers etc. Library has collected vast number of articles and papers too. For easy access these articles and papers have been sorted and maintained in subject wise files. The library is fully computerised using the WIN ISIS package developed by UNESCO. A separate database of articles and papers on 'abortion' is maintained.

Both the libraries maintain newspaper clippings on 62 various health related subjects like Health Economics, Abortion, PNDT, Population Policy, Violence, Elderly etc.

The old volumes of journals are bound with proper labelling and computerised for easy access.

A number of publications including research reports, awareness and training material, posters, calendars were brought out. Various published and unpublished papers and essays written by staff in various journals and magazines are also available for reference.

CEHAT was able to obtain I S B N Registration and now CEHAT's publications have ISBN numbers allocated by international ISBN Agency, Berlin. These will be published in the publishers International ISBN Directory and thus provide free publicity to the publishers all over the world.

4.2 Publication Unit

During the span of two years the publication unit has brought out nine publications. Ten working papers and 1 Policy Brief on MTP Act was also published by CEHAT.

The following are the books, reports and papers:

- *Review of Health Care in India*

This volume contains 18 chapters and discusses such varied topics ranging from the state of the preventive health and nutritional services for children to the community health worker programme and the public health system. In addition to the articles, the book contains an appendix of statistical data, a valuable tool for researchers and activists.

- *Abortion in Maharashtra: Incidence, Care and Cost*

This report consists of findings of one of the two household based studies conducted

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under Abortion Assessment Project India (AAP-I) in Maharashtra. The main objective of the survey was to study pregnancy outcome analytically in the state with a focus on abortion incidence, care received and costs incurred. The study aims at providing inputs to society at large and to different stakeholders including policy makers to facilitate women's access to safe, legal and affordable abortion care services.

• *Trapped Into Living: Women's Work Environment and their Perceptions of Health*
This book covers different arena of women's work – women as industrial workers in informal sector, women workers in the growing export-oriented cultivation of grapes and women in urban slums forced into home-based work largely because of decline in traditional manufacturing activities. In this book attempt has been made to map multidimensional nature of women's work, address the contexts in which such work is carried out, bring together women's perceptions of their well-being and analyse these perceptions for their links between 'work' and 'health'.

Though the case studies do not directly show linkages to globalisation, they do show the adverse effect of larger changes in the economy affecting their lives. This book makes an attempt to bring out various nuances in the issues relating to the changing socio-economic scenario rendering the poor and women in particular – more vulnerable.

• *Research Ethics in Practice: A Documentation of Study Design and Methodology of Abortion in Maharashtra: Incidence, Care and Cost*
This report documents in detail the processes involved in large-scale community-based health surveys in general and abortion incidence surveys in particular.
The methodological issues in undertaking such research are discussed thread bear with a critical perspective. This publication is a unique documentation in conduct of research, which will benefit tremendously the research community undertaking such studies.

• *Abortion Assessment Project-India: Research Summaries and Abstracts (Including complete reports and papers on CD - ROM)*
This report contains summaries of all research studies and papers written under the aegis of the AAP- India project. Abortion is the prime health concern of women but it is increasingly being governed by patriarchal interests, which more often curb the freedom of women to seek abortion as a right. Given the official perspective of understanding abortion within the concept of contraception, it is important to review abortion and abortion practices in India.

This summary report also includes a CD, which were produced under this
project. The CD also includes press clippings related to AAP- India project. A film on Abortion produced by CEHAT is also included.

• *Abortion Services in India: Report of a Multicentric Enquiry*
This study is the synthesis report derived from state level studies of providers of abortion services. This multicentric study using standardised methodology and protocols was conducted in six states and within each state 2 districts were covered. The study is a comprehensive enquiry into the various dimension of provision of abortion services.

• *Abortion Policy in India: Lacunae and Future Challenges*
The publication constitutes the "Policy Review" component of the AAP-India project. The paper analytically reviews abortion legislation and related policy implications, including the recent amendments and the complexities arising due to the PNDT Act. The paper concludes with a discussion on opportunities for change and possible advocacy issues to bring abortion policy within the rights domain.

• *Preventing Violence, Caring for Survivors: Role of Health Profession and Services in Violence*
This book brings together for the first time a collection of presentations, essays and reports examining such aspects of health and health care in violence perpetrated by the State agencies, in the caste and communal violence, domestic violence, sexual assault and women in prostitution. The emphasis is on the rights

of the survivors and victims, also on the ethical responsibility of health profession to recognise violence as a health issue; the need to empathise and care for them, to guard against siding with the perpetrators and aid in getting justice by using the medical and forensic records. The volume provides a framework in which the conscious and ethical health professionals and services can, while caring for survivors, play a crucial role in preventing violence.

- *Domestic Violence: Levels, Correlates, Causes, Impact and Response: A Community Based Study of Married Women from Mumbai Slums*

This study brings out clear evidence of wide-spread prevalence of domestic violence within the community, looks at the reasons for the violence and explores what women do to seek help to come out of such a situation. The scope of this study was limited to ever-married women and to violence within marital relationships. Despite its specific limited scope, this research is a significant contribution to the literature on domestic violence in India.

- *Sexuality, Abortion and the Media: A Review of Adolescent Concerns*

This paper throws light on the adolescent sexuality, whether adolescents are practicing safe sex, girls and young women are experiencing unwanted pregnancies? Where they are going for termination of pregnancies? How today's' adolescents perceive their sexual needs and what are their sources of information and levels of awareness? How much does the media influence their sexual attitudes and how does media reflect adolescent attitudes?

- *Abortion Options for Rural Women: Case Studies from the Villages of Bokaro District, Jharkhand*

This paper aimed to document poor, rural-women's experience of abortion in a backward part of the Bokaro district in Jharkhand. The paper highlights the total lack of accessible, affordable and safe abortion services. The study also shows that in a system dominated by private practitioners, abortion care becomes a lucrative source of profit and women's overall health and well-being is a low priority.

- *Abortion Training in India: A Long Way to Go*

This paper looks at the current state of abortion training in India, tracing its evolution from the earlier system to the recent Reproductive and Child Health (RCH) Programme. The number of training sites is inadequate to meet training needs. There are gaps in the training system that need to be covered to make the programme a success. The paper recommends that there should be change at both the policy and implementation level.

- *Professional Abortion Seekers: The Sex - Workers of Kolkata*

This paper is on the practice of abortion and prevention of pregnancy among the sex-workers in Kolkata. The paper is based on in-depth personal interview of brothel-based sex-workers, information regarding abortion services, contraceptive devices and childbirth are collected from traditional red light areas. The paper also examines the access to abortion services, prevailing patterns of contraceptive use and family structure of the sex workers.

- *Negative Choice Sex Determination and Sex Selective Abortion in India*

This paper is a three-part analysis of Sex determination and Sex Selective Abortion. The factors that affect the practice are son preference, growth in the political economy and diagnostic technologies and enforcement of a small family norm. The second section talks about various campaigns undertaken to advocate for laws that regulate diagnosic technologies and ban sex determination. The third section talks about the various debates between activists who spearheaded the campaign and the role of the medical community.

- *Assessing Potential for Induced Abortion Among Indian Women*

This paper is based on National Family Health Survey-II (1898-99) data and is intended to provide an indirect assessment of the magnitude of induced abortion practice within marriage in India in order to attain the desired sex composition of children and to avoid unplanned pregnancies. This paper also

highlights the high level of use of abortions as a contraceptive method in the country and the serious implications for health policy in general and women's well being in particular.

Marathi Publications

- *Aapli Zadpalyachi Aushadha*

This book is written for health workers giving information about the medicinal use of herbs suggesting home based remedies on certain illnesses which can be tackled without the intervention of a doctor. The pictoral depiction of herbs and their medicinal usage are self-explanatory. This book will be of immense use to all health workers in rural areas.

- *Jhep Anveshinchi*

This booklet is a compilation of experiences of women participants involved in a project designed for research on sensitive and confidential issue like abortion.

The rationale behind this study was to delve into the cost of abortion and related factors as well as availability of safe and affordable abortion services in various districts of Maharashtra. This booklet gives expression to the voices of those women who have been part of this research.

During the last two years Mumbai and Pune Publication Unit disseminated its publication by putting up stalls at various workshops, meetings and conferences that held at Hyderabad, Mumbai, Nagpur, Nashik and Pune.

The Centre also has a good collection of CD's, Video Cassettes of Documentary Films and Training Audio Video Materials.

4.3 Website

CEHAT's website **www.cehat.org** is well consolidated and updated regularly. It now has most of the papers of CEHAT online and abstract of reports and books, as well as data from the CEHAT database, a brief profile of the Abortion Assessment project, Summary and Key Findings, Policy Briefs, Abstract of Household and Qualitative State Summaries, selected data on Abortion, Abstract of the Working Paper Series on Abortion, Current Awareness Service(CAS), New Arrival's (NA) and bibliography services. CEHAT's events and proceeding of the events are also regularly updated on the website. There is considerable number of people visiting the website and a good response to publications.

4.4 Database on Health

CEHAT has a wealth of information in the form of health database and can be of immense use to researchers, journalists and activists. The database has been compiled painstakingly on topics such as Municipal Finance and Violence Against Women. An extensive database on health indicators, health infrastructure, health manpower is also available for all states, which has been now updated upto 2001.

4.4.1 Data has been compiled on Municipal Finance from Census Town Directory for the years 1971,1981 and 1991 (town wise data entry of all districts of Maharashtra). Data has been compiled for Income and Expenditure of Municipal Corporations for the period 1960-61 to 2001 -2002 covering all the States in India.

4.4.2 Development of a database on violence and related health issues for the year 1990 upto 2003 has been completed for the following topics: crime against women like rape, kidnapping and abduction, dowry deaths, cruelty by husband and relatives, molestation, eve-teasing, importation of girls, Sati-Prevention Act, Immoral Traffic (Prevention) Act, Indecent Representation of Women (Prohibition) Act, Dowry Prohibition Act and population of women. A separate data compilation depicting number of cases in which offenders were known to the victims has been undertaken.

Team Members: Mr. Thipse, Margaret Rodrigues, Vijay Sawant and Chandana Shetye

Supported by: NOVIB, Netherlands and Ford Foundation, New Delhi.

5. ADVOCACY, CAMPAIGNS, TRAINING AND EDUCATION

CEHAT's initiatives in Advocacy and Campaigns have seen significant expansion in the last two years. The SATHI Cell increasingly involved itself into National level campaigns on Right to Health Care for documenting denial of health care. *Jan Swasthya Abhiyan* has collaborated with the National Human Rights Commission (NHRC) to organise public hearings or *Jan Sunwayis* in different regions of country. At the state level, SATHI cell is one of leading groups in the *Jan Aarogya Abhiyan*, Maharashtra and has been contributing significantly to the programmes organised by the JAA coalition on the theme of Right to Health Care.

Advocacy and Training in Ethics developed to such an extent that it culminated in the establishment of a new centre, Centre for Studies in Ethics and Rights.

Advocacy on issues such as PNDT and campaigns on Value Girl Child were conducted in various parts of Masharashtra to emphasise the importance of girl child and campaign actively against malpractices of sex selection.

Workshops have been organised to create awareness on issues of access to women's health, right to abortion services and the stand against sex-selection for rural activists in the Reproductive and Health Rights Framework. CEHAT's work on the issue of Violence Against Women has also brought to light the gross inadequacy regarding eliciting history, medical examination and collection of forensic evidence while dealing with survivors of sexual assault. Sexual Assault Evidence Kit has been specifically designed by CEHAT to document evidence and give justice to the victim of the assault. CEHAT has been actively involved in the Post Graduate Human Rights Diploma started by Mumbai University and is actively engaged in teaching and guidance of students on several topics in health and human rights. CEHAT has also conducted workshop on Budget in different parts of Maharashtra thus advocating transparency and accountability in governance.

CEHAT did not confine itself to national limits but also extended over to international arena by associating itself with the World Social Forum.

5.1 National / State / Regional Level Advocacy Related to Primary Health Care and Health Rights - SATHI

5.1.1 National Level Advocacy

The SATHI Cell took a significant step forward during the last two years by involving itself in the national level advocacy work. This has been mainly in the form of contributing to the development of the National Right to Health Care campaign. Also from January 2005, SATHI Cell members have been involved in the *Jan Swasthya Abhiyan's* efforts to shape the new National Rural Health Mission being launched from April 2005.

National 'Right to Health Care' Campaign

On the occasion of 25th anniversary of the 'Health for All' declaration, a National Workshop and Public Consultation on Right to Health Care was organised by *Jan Swasthya Abhiyan* in Mumbai which was attended by Justice Anand, Chairperson, National Human Rights Commission (NHRC). A questionnaire was developed by SATHI and CEHAT team members for documenting case studies of denial of health care with inputs from other JSA members. The team maintained liaison with the Chairperson of the National Human Rights Commission to ensure his presence as the Chairperson of the public consultation. Other leading health activists and legal experts were involved and they facilitated various sessions during the National Workshop. A close collaboration was maintained between the SATHI team and the Mumbai-based ISP-supported CEHAT team to organise this event. This programme has resulted in another initiative, wherein JSA has

collaborated with the National Human Rights Commission (NHRC) to organise five public hearings in different regions of country (Western, Southern, Eastern, Northern, North-Eastern) followed by a National Public Hearing in New Delhi. Objectives of these public hearings were to enable presentation of cases of denial of health care and structural deficiencies in particular health facilities underlying such denial, to public health officials and representatives of NHRC and also to enable civil society organisations to present key systemic and state level policy issues responsible for denial of health care. These hearings took place between July to December 2004. SATHI cell members have been carrying out regular follow-up with NHRC officials for operationalisation of this initiative, while facilitating communication within JSA towards the preparation for these hearings.

From May 2003 onwards, the National Secretariat of *Jan Swasthya Abhiyan* has been housed in the SATHI cell, and one Cell member continues to be a National Joint Convener of the JSA. The Cell has given substantial inputs in facilitating the series of Regional Public Hearings. Particularly for the Western Region Public Hearing in Bhopal, in which five states of Western India were involved, the SATHI team took a leading role in coordination of preparations during the hearing. This included coordination with JSA state units and NHRC, scrutinising and screening individual cases of 'denial of health care' from the five states, and coordination of sessions during the event.

On 12th March 2004, *Jan Swasthya Abhiyan* organised a public dialogue with representatives of various political parties on health issues, in New Delhi in which around 300 people participated. This included members from print and electronic media. Team members have significantly contributed to this process.

SATHI team also played a key role in preparing and disseminating the checklist to document the availability of various basic facilities and services, which should be available at PHCs and Rural Hospitals. As a part of the preparations for the series of Public Hearings on Right to Health Care (organised by the various constituents of the JSA), the Denial Survey Handbook was prepared and published by SATHI Cell members, with inputs from some other *Jan Swasthya Abhiyan* activists. It was extensively used throughout the country in the context of the campaign.

The series of the Regional Public Hearings culminated in the National Public Hearing on Right to Health Care in New Delhi on 16th and 17th December 2004. The Union Cabinet Health Minister Dr. Ramadoss, Union Health Secretary Shri P. Hota, NHRC Chairperson Justice Anand, apex health officials from 22 states and over 100 JSA delegates attended this hearing. The Cell played a central role in organising this event. On the final day of the hearing NHRC-JSA released a Joint National Action Plan on Health and Human Rights. Along with other JSA organisers, SATHI team members were significantly involved in drafting this National Action Plan.

5.1.2 State Level Advocacy

SATHI cell is one of leading groups in the *Jan Aarogya Abhiyan (JAA)*, Maharashtra and has been contributing significantly to the programmes organised by the JAA coalition on the theme of Right to Health Care (One cell member is a Co-convener of the JAA Maharashtra).

Five district / sub-regional level public hearings were organised by JAA Maharashtra constituents. SATHI cell played a leading role in preparing the background material needed for this campaign and in co-ordination with various JAA constituents, facilitated the collection of cases of denial of health care from various parts of Maharashtra. For these five public hearings, Cell members have contributed to the analysis of the data and of the individual cases of the denial and have participated in each of these hearings as panelist or as a JAA representative.

The National General Elections were pre-poned to April and May 2004. In this context, some people's organisations in Maharashtra, came together to prepare a People's Manifesto for the Lok Sabha Elections. The *Jan*

Swasthya Abhiyan contributed the section on health in the draft manifesto. As part of the JAA, the team members played a prominent role, in the preparation of this health-section of the manifesto and its state level release.

The SATHI Cell has a smaller presence in Madhya Pradesh but has continued to play a specific role relating to state level advocacy, including supporting JSA activities in Western Madhya Pradesh. In many situations, the SATHI team has played a pioneering role by carrying out certain local advocacy interventions in partnership with people's organisations.

Right to Food Campaign in Maharashtra - *Anna Adhikar Abhiyan*

SATHI Cell members represented JAA and one team member functioned as the State Convenor of the Maharashtra Right to Food campaign (AAA) and as the Advisor to the Commissioner of the Supreme Court till early 2004. Team members helped facilitate various meetings and efforts to bring deficiencies to the notice of the concerned officials and the Commissioner, with participation of the Mumbai based Health and Human Rights project staff in some of the events.

A state level convention was organised in Mumbai on 16th July 2003 to highlight the issues related to deficient food security and health budgets, in which CEHAT and SATHI team members were significantly involved. The Supreme Court Commissioner for the Right to Food case visited Maharashtra from 3rd to 5th December 2003. A SATHI team member, as the State Advisor to the Commissioner, helped to facilitate this visit.

5.1.3 Hunger Watch

A draft 'Methodology for investigating hunger related deaths' has been developed by the Hunger Watch Group of Jan Swasthya Abhiyan. Team members have been facilitating the meetings of this group, and have authored various chapters of this booklet. In August 2003, a two-day workshop was organised in Bhopal to orient the grass roots level activists to use this methodology. Over 50 people from all parts of country working on the issue of Right to Food attended this workshop. SATHI played a major role in organisation of this national workshop.

5.1.4 National Rural Health Mission

The National Government elected in 2004 decided to launch a National Rural Health Mission (NRHM) to upgrade public health services and support community health activities in 18 priority states. A series of documents concerning the design and content of this Mission have been drafted by various official sources, while consultations and task group meetings involving various governmental and voluntary sector representatives have been organised. In this context, *Jan Swasthya Abhiyan* decided to engage with the Mission process, in order to shape it in a pro-people direction, while pushing back certain negative trends such as support to coercive family planning and privatisation. SATHI team members have been actively involved in some of the consultative Meetings at national level; in developing the JSA response to the Mission, including making a representation to the Union Health Secretary and initiating the idea of a NRHM 'Watch'.

5.1.5 The IIIrd International Forum for Defense of People's Health (IHF)

IHF was held in Mumbai on 14th-15th January 2004, just prior to the World Social Forum (WSF). This event was attended by about 700 delegates from 45 countries, and was an initiative of the global People's Health Movement (PHM). While the CEHAT team in Mumbai looked after the logistical arrangements for this major event, SATHI team members contributed to communications at the national level in JSA about this event and facilitated certain sessions during this global event. During IHF two of the SATHI team members coordinated separate sessions on 'Globalisation and Structures of Employment, Hunger, Starvation' and 'Globalisation and Health Policy'.

5.2 Advocacy and Training in Ethics

In the last two years, the work on ethics was accelerated and systematised, and that development eventually led to the decision on the establishment of a new centre, Centre for

Studies in Ethics and Rights.

5.2.1 Staff Training in Bioethics

One of the senior staff member, Dr. Sunita Bandewar, was selected for Masters course in bioethics at the Joint Centre for Bioethics, University of Toronto, Canada, under the Fogarty Foundation programme. With her training the institution has a formally trained bioethicist.

5.2.2 Documentation of Research Ethics in Practice

Some of the experiences in research ethics have been documented and published with an intention to contribute to resources for obtaining the knowledge of this subject. The research reports contain a section on research ethics. In 2004, a 262-pages report was published about documentation of ethical considerations in designing and conducting a state-level study of abortion incidence, care and cost.

5.2.3 Formulation of Short Courses in Research Bioethics

The individuals associated with the Anusandhan Trust and its institution CEHAT, have in last one year, entered into collaborative relationship with various institutions in order to formulate short courses in research bioethics. The following are the initiatives in this field:

5.2.3.1 Collaboration and Participation in Conducting Five-days Short Course in Ethics in Biomedical Research and Ethics in Social Science Research in Health

CEHAT in collaboration with the Fogarty Foundation project on research bioethics of the University of California, San Francisco, Samuha/Samraksha (Bangalore), organised this course on bioethics in social science research in health in November 2004 in Bangalore at which researchers from several institutions were trained. One of the staff members from CEHAT served on the National Faculty for five-days training in biomedical research ethics for the Masters in Public Health (MPH) students at Achutha Menon Centre for Health Sciences Studies, Trivandrum in August 2004.

5.2.3.2 Contribution to the Preparation of Manual for Five-Days Short Course in Research Bioethics

Two of the individuals from CEHAT along with other individuals and/or collaborating organisations have contributed in putting together a training manual in research ethics, which is being prepared under the collaborative initiative of Samuha, India and University of California, San Francisco.

5.2.3.3 Contribution in Five-Days Intensive Course in Research Bioethics at the University of Philippines (UP), Supported by the Fogarty Foundation

One person from the Anusandhan Trust/ CEHAT has contributed in the curriculum development and teaching in this five-days course in research ethics in 2003 and 2004.

5.2.3.4 Curriculum Development on Counselling Ethics Training

At Dilaasa – the crisis centre for women facing domestic violence, there was an acute need for ethics training as the counsellors were facing a range of ethical problems from time to time. As a response to this emerging need, a comprehensive curriculum has been developed on counselling ethics consisting of 20 sessions spread over five modules. At the moment it is at the pilot stage.

5.2.3.5 Contribution to the Indian Council of Medical Research's Initiative on Developing Curriculum and Project Proposal on Research Bioethics

The Indian Council of Medical Research (ICMR) was provided a preparatory grant by the Fogarty Foundation for starting a national level training programme in bioethics. In 2003-4, it appointed a National Faculty of which a trustee of the Anusandhan Trust is a member. As a part of that work, the CEHAT developed a training module on ethics in social science research in health, and also became a collaborative institution with the ICMR for its grant proposal to the Fogarty Foundation. The Fogarty Foundation has now sanctioned the proposal/project of the ICMR and the training programme will begin in 2005. As a part of it the training in ethics in social science research in health will be organised by us in 2005.

5.3 Advocacy for Regulation of the Private Medical Sector

Based on the intensive research done vis-a-vis the private health sector, issues which emerged, have been taken up actively for advocacy with medical professionals and their associations. Ethics in practice and self-regulation are two important areas where CEHAT has been interfacing with medical professionals and their associations. Some groundwork has been done in Mumbai and wherein an active group of concerned professionals as well as a few medical associations like the Association of Medical Consultants and Nursing Home Owners Association are involved. An initiative for Accreditation has been started under the name of Health Care Accreditation Council. There has been a temporary lull in this activity due to bureaucratic delays in registering the Council but in 2005-2006 CEHAT is planning a major initiative to consolidate this process including research on developing protocols for assessment and monitoring as well as training and awareness amongst professionals and related stakeholders about importance of ethics, self-regulation and accreditation. This initiative is directed at providing the kick-start that the HCAC needs.

At another level the work on strengthening overall regulation of medical practice and the profession is continuing and as part of the above initiative this process too will be accelerated, especially the implementation of the Maharashtra Clinical Establishments Act, in whose formulation CEHAT was one of the active groups.

5.4 Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT) and other Public Interest Litigations (PIL's)

Public Interest Litigation on issues of concern: The PIL relating to the issue of sex-selective abortions continued from the previous year and the final judgement was delivered in September 2003, on the implementation of the PNDT Act, which includes monitoring of the functioning of the appropriate authorities and creating awareness on the issue.

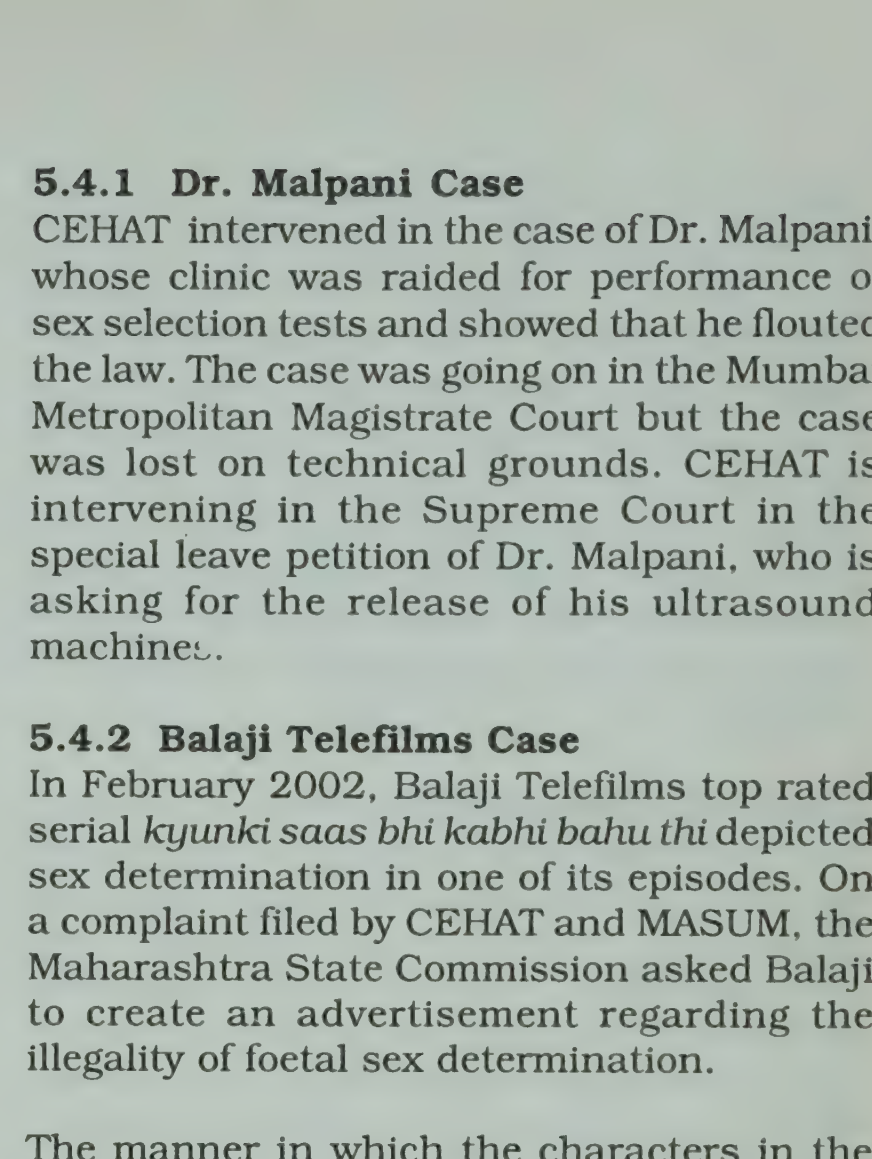
5.4.1 Dr. Malpani Case

CEHAT intervened in the case of Dr. Malpani, whose clinic was raided for performance of sex selection tests and showed that he flouted the law. The case was going on in the Mumbai Metropolitan Magistrate Court but the case was lost on technical grounds. CEHAT is intervening in the Supreme Court in the special leave petition of Dr. Malpani, who is asking for the release of his ultrasound machines.

5.4.2 Balaji Telefilms Case

In February 2002, Balaji Telefilms top rated serial *kyunki saas bhi kabhi bahu thi* depicted sex determination in one of its episodes. On a complaint filed by CEHAT and MASUM, the Maharashtra State Commission asked Balaji to create an advertisement regarding the illegality of foetal sex determination.

The manner in which the characters in the serial were shown getting the test done, with the doctor saying, 'Congratulations, it's a boy', it was made to seem as though this was a


Help Stop Sex Selection
Everyday, thousands of foetuses are aborted across the country, only because they are female. This is causing a severe imbalance in the sex ratios. Today, the balance is decisively tilted against the girls; 927 per 1000 boys. If not stopped now, sex selection probably the biggest genocide in the history of humankind - will have unimaginable repercussions.
Sex selection is a crime punishable under The PCNDT Act, 2003. If you hear of, or see sex selection being practiced anywhere, report it to The Executive Health Officer, BMC on 22620588.
Cehat
Centre for Enquiry into Health & Allied Themes

perfectly routine and legal thing to do. The complainants stated that if they had included even a single dialogue in which some character pointed out that such tests were illegal, they may not have protested. Finally, Ekta Kapoor had to telecast the advertisements for six episodes in May 2004, which was in some way a small victory as the TRP ratings and viewership of the serial *kyunki saas bhi kabhi bahu thi* is quite high among the women watching television in India.

5.4.3 The Pharmacy Case

As a part of monitoring, CEHAT, complained against a pharmacy company, Sandhya Pharma, Indore, advertising its Genowonderkit on the Internet. This treatment includes two original kits and one supplementary kit. According to the company, the kit is 100 per cent effective and the maximum number of clients approaching them wanted to have male child. CEHAT also found that many doctors were involved with the company, but the main person was Dr. Girish Joshi. The web page says, "Gender Selection is Reality. An ayurvedic medicine tried tested and approved for more than 10 years". CEHAT has appealed to the Ministry of Health and Family Welfare to take appropriate action. A case is going on in the Indore Court.

5.4.4 Case Against Marathi Magazine *Pranay Sparsh*

A complaint was filed by CEHAT with appropriate authority under Section 22 of the PNDT Act 1994 on *Pranay Sparsh* a magazine carrying cover story on home remedies for having a male child namely *hamkhas mulga honyasathi gharguti upchar* written by Dr. Devendra Jain, MBBS, with registration number 53729. Contravening the PNDT Act, 1994, Dr. Devendra Jain in the article explained as to how couples could conceive a male child through natural methods. As the per the PNDT ACT section 22: No person, Organisation, Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic including clinic, laboratory or centre having ultrasound machine or imaging machine or scanner or any other technology capable of undertaking determination of sex of the foetus or sex selection shall issue, publish, distribute, communicate or cause to be issued, published, distributed or communicated any advertisement, in any form, including internet, regarding facilities of pre-natal determination of sex or sex selection before conception available at such Centre, Laboratory, Clinic or at any other place.

CEHAT contacted Dr.Devendra Jain who stated that although he was not a gynaecologist, he was interested in the subject of sex selection and has compiled the information on the issue. He wrote the article to inform people about various methods available for sex selection.

5.4.5 PIL Against Discrimination of Prisoners Diet

CEHAT also filed a PIL in the Mumbai High Court against the discriminatory practice of prisoners diet in the State of Maharashtra. The jail authorities were discriminating against Indians by providing better meals to foreigners arrested under various crimes. The court ordered that this discrimination should not be tolerated and everyone should be treated at par and provided the same diet. The High Court order has been circulated in all prisons in Maharashtra.

5.4.6 PIL Against Non-Profit Hospitals

CEHAT has also recently intervened in a PIL questioning the functioning of various non-profit hospitals that are not providing benefits to poor patients as mandated in the Public Trust Act under which they are registered.

5.4.7 PIL Against Suburban Railways for Negligence in Accident Cases

The other PIL taken up last year against the Mumbai suburban railway system for negligence in handling accident cases which delays access to medical care has made some progress and there is a possibility of a commission of enquiry being set up to investigate for stronger evidence for which CEHAT will provide the research secretariat.

5.4.8 PIL Against Privatisation of Public Hospital in Pune

CEHAT also intervened in another PIL in Pune against privatisation of a public hospital for which CEHAT is one of the petitioners. CEHAT provides the data needed from time to time to support the case. Presently, the privatisation has been stalled. The High Court has given a stay order on construction of the private hospital.

Disseminating information on the PNDT PIL through CEHAT website is done in the form of updates on the proceedings in the Supreme Court on the PIL to various groups in Mumbai who are associated with the campaign against sex selection.

On the issue of sex selection extensive media advocacy was done and a lot of stories on this issue were facilitated through newspapers and magazines.

5.4.9 Collection and Documentation of Cases Under the PNDT Act

As the PILs were disposed it was felt that it was important to document the cases which were filed under PNDT Act. In Mumbai it started with the Malpani case and a process of getting cases from various states through networking with NGOs began. CEHAT has collected data of registered ultrasound clinics in Haryana.

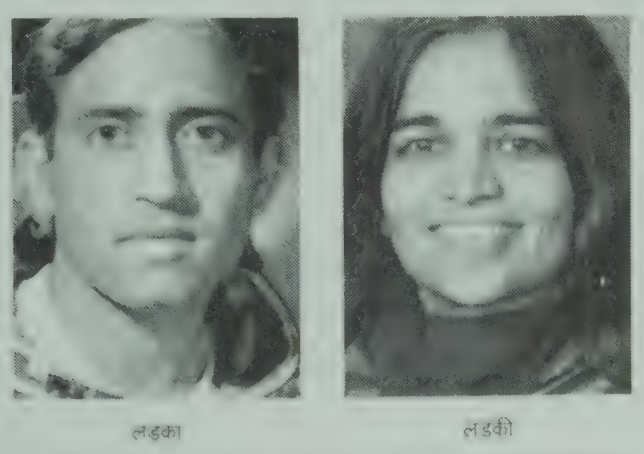
Cases under the Act that have been documented are as follows:

5.4.9.1 Case against Dr. Mrs. Manju Goel, Dr. Subhash Goel, and Sukhram hospital in the Court of Chief Judicial Magistrate Faridabad for carrying on sex determination and violating the PNDT ACT.

5.4.9.2 Another case is against Dr. P. L. Jerath with the Chief Metropolitan Magistrate, Yamuna Nagar, who was advertising for a medicine called *Putra data*, which guarantees male child.

5.4.9.3 Dr. Madhubala Chauhan from Faridabad who is not a certified practitioner was aborting female foetuses in a reputed hospital. The case is going on in the Chief Metropolitan Magistrate's Court in Faridabad.

5.4.9.4 Dr. Deo Datta Shete case in Satara, which has led to filing of a PIL in the High Court for non-compliance of PNDT Act as the doctor got away with a payment of bail of Rs. 15,000.



5.5 "Value Girl Child Campaign"July-December 2004

The Value Girl Child Campaign was a part of a national initiative supported by the Government of India and the UNFPA on the occasion of International Conference on Population and Development (ICPD) + 10. The campaign is an initiative to create awareness to highlight the concerns related to population issues linked to gender inequities, and the campaign is one initiative of a number of other initiatives coordinated by other organisations which will be an input to the National and SAARC Conferences on ICPD +10 at the end of the year 2004.

The above campaign was conducted in seven states (Maharashtra, Rajasthan, Gujarat, Haryana, Punjab, Himachal Pradesh and Delhi), which are the worst in terms of juvenile sex ratios. Each state's nodal agency will independently carry out this campaign within

a common understanding. The process and impact was documented in each state and fed into the ICPD+10 process at the national level.

In Maharashtra CEHAT was the nodal agency. Apart from this there were 60 community based / grass roots organisations from 18 districts of Maharashtra who were involved in these events in their respective areas. This was coordinated through 4 NGOs in each region - Samvad in Konkan, Jagrut Dalit Mahila Sanghatan in Western Maharashtra, Sanskriti Samvardhan in Marathwada and Aamhi Aamchya Aarogya Saathi in Vidharbha. In the urban areas, the events were organised in collaboration with various civil society groups and networks through which CEHAT has been involved in various other campaigns and initiatives.

The campaign involved organising events like rallies, meetings with various stakeholders, distribution of awareness materials like booklets, pamphlets and posters, creative expression like essays, art, drama and media advocacy. The overall objective was to dialogue with various stakeholders to inform them about the various dimensions related to the issue of "missing girls".

The project decided to commemorate four events: 1) July 11th, 2004 – World Population Day, 2) September 24th, 2004- International Girl Child, 3) November 25th, 2004. Protesting Violence Against Women Day and 4) December 10th, 2004 Human Rights Day.

5.5.1 Events Organised in Mumbai

On the occasion of World Population Day on July 11th, about 250 Mumbaikars took a pledge of not being a party to illegal practice of sex determination, promising to involve their family and friends in the national campaign against sex selection and sex determination and to take action against doctors conducting such tests. Centre for Enquiry into Health and Allied Themes (CEHAT), had organised the public event, at the K C College Hall, at Churchgate, Mumbai.

This was followed by panel discussion by noted film director Mahesh Bhatt, well-known journalist Nikhil Wagle, Dr. Bal Inamdar - gynaecologist and Secretary State Women's Commission Mrs. Thekekarra. Mr. Bhatt observed that the preference for male child had increased in the society leading to an alarming increase in elimination of girl child through sex selection and sex determination. Nikhil Wagle said that media had a major role to play in the awareness campaign against sex selection and sex determination. He emphasised the fact, that Public Interest Litigation filed by CEHAT and MASUM - two NGOs and Sabu George in 2000 bore fruit in 2003 when the Supreme Court gave the orders for implementation of the PNDT Act. He strongly felt that this issue should be on the agenda of the political parties.

Mrs.Thekkekara said that in the current age of television and media, awareness on the issue was quite low. The State Commission had taken to task Ekta Kapoor's serial *kyonki saas bhi kabhi bahu thi*, in which they had shown the sex determination, thus spreading wrong and misleading information among viewers. The apologies were tendered by the serial and an advertisement was shown in this connection. Dr Bal Inamdar, a gynaecologist said that since the medical professionals performed the sex selective tests it was they who had to excercise restrain and put a stop to it. He was of the opinion that after the implementation of the PNDT Act, the percentage of doctors conducting sex selection and sex determination had reduced considerably.

The speakers felt that people should bring cases of sex determination/sex selection to the notice of organisations like CEHAT so that necessary action could be taken against the erring doctors.

After the panel discussion, 15-year-old Afroze Banu Khan - the SSC night school topper among girls from the slums of Antop Hill in Mumbai was felicitated by Ravi Duggal, Coordinator of CEHAT.

Felicitation was followed by a presentation by Ravi Duggal, Qudisya Contractor and Kamayani Bali Mahabal on myths and facts of population control, the campaign against sex selection and the law against it followed

by Hindi play written and directed by Jyoti Mhapsekar of Stree Mukti Sanghathna. *Beti Aayi Hai*, the one-hour play touched upon various issues of violence against women, sex selection, sex determination, illiteracy, dowry, unemployment and gender discrimination.

CEHAT organised a panel discussion on Declining Sex Ratio and the Two Child Norm on 24th September- International Girl Child Day declared by SAARC at Dadar in Mumbai. This event had representative from the Government- Ms. Anna Dani, Medical Fraternity- Dr. Mandakini Parihar, A Demographer – Ms. Sayeed Unnisa and a women activist – Dr. Vibhuti Patel. The discussion highlighted the inter-linkages between the issue of two-child norm and the decline in the sex ratio due to the coercive policies of the state restricting the number of children to two, thus driving those couple for sex selection, which had the first girl child.

The panel discussion was very crucial as it brought all the stakeholders involved on a common platform. Ms. Anna Dani who talked about the implementation of the PNDT Act, promised coordination with civil society for the advocacy on the issue. The dissemination of material was to be undertaken in the first two weeks of November on this issue by the State Government. The Federation of Obstretics and Gynaecological Society of India (FOGSI), representative Dr. Mandakini Parihar elaborated on various initiatives of FOGSI like a public service advertisement by Amitabh Bachchan on issue of sex selection. There was a discussion on the memorandum passed by the members against sex selection. The discussion led to unanimous conclusion that all stakeholders need to come together for the awareness on the issue of MTP and PNDT Act.

In addition, as part of CEHAT's activities a PNDT help line 20581239 was launched for the value girl child campaign. The helpline is available for lay people on the PNDT Act and the complaints would be kept confidential. Media briefings were conducted on value girl child campaign, and the issue received a wide coverage. There were articles written on sex selection and PNDT Act, which were published in Express Health Care Management, Health Action, *Urdhava Mula*, and regional paper Mahanagar. Celebrity interviews of Mahesh Bhatt and Pooja Bhatt on 'value girl child' were organised on Radio Mirchi, GO 92.5 FM, Sahara Television and local cable channels. A creative brief has been drafted after brain-storming with all involved in the campaign for drafting a media strategy. The process of finalisation of PNDT FAQ booklet is on and should be completed by August 2005 for dissemination. Meetings with various stakeholders like teachers and medical professionals on the issue have been going on.

5.5.2 Events Organised in Different Districts of Maharashtra

In other parts of Maharashtra, the events were co-ordinated through 4 NGOs in each region - Samvad in Konkan, Jagrut Dalit Mahila Sanghatan in Western Maharashtra, Sanskriti Samvardhan in Marathwada and Aamhi Aamchya Aarogya Saathi in Vidharbha.

5.5.2.1 Savitribai Phule Mahila Vikas Mandal - Nanded

Savitribai Phule Mahila Vikas Mandal is an organisation working with women in Nanded Distrct of Maharshtra. They organised a meeting of mother and daughter regarding women's health issues and awareness on the issue of abortion, sex selection and sex determination in Sangroli village, Biloli taluka in Nanded district. 300 adolescent girls and 100 mothers attended it. In the meeting information on health facilities available and issue of safe abortion were discussed. There was a discussion in the meeting on the MTP Act and PNDT Act. On 25th November 2004 – they organised a programme to commemorate the day of violence against women in Sangroli village, Biloli taluka in Nanded district. The speakers for this programme were Mr. Arvind Deshmukh, Principal of Military School, and Mrs. Kalavati Patil, the Sarpanch as well as other women members of Gram Panchayat attended the programme. There were also 480 women participants in the programme from 10 different villages.

In this programme Mr. Arvind Deshmukh delivered his speech mainly on the issues

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of rapid growth of violence against women in the society and its impact on women's health. He gave the recent example of one girl burnt to death in his village Sangroli. He also felt that society was ignorant about women's mental and physical health.

Another speaker of programme Mrs. Kalavati Patil spoke about the larger perspective on violence against women. She said that violence against women was not confined to women belonging to a specific caste or class but was an issue pertaining to larger sections of society. She linked violence to social and cultural issues such as dependency of women, lack of decision-making power, dowry, infertility and inability to deliver male child. The programme was well recieved and some women also gave written feedback. The programme was concluded by a recital of a song by Anusuya Mahajan.

The International Human Rights Day was celebrated by Savitribai Phule Mahila Vikas Mandal in - Village Sangroli, Taluka Biloli, Nanded District with a programme on origin and mechanism of human rights. The speakers for this programme were Mr. Pradip Gaikawad, Disha Kendra, Biloli; Mr. Pramod Deshmukh and Mr. Digamber Tumawad from Purogami Mitra Mandal, Mukhed. Nearly 430 women participated in programme from 11 villages. The speakers highlighted history and origin of the movement of human rights, and Universal Declaration of Human Rights in 1948. They focused on National Human Rights Commission and State Human Right Commission's origin and functioning as well as the Constitutional provisions such as Fundamental Rights.

5.5.2.2 Satara - Dalit Mahila Vikas Mandal
Dalit Mahila Vikas Mandal is an organisation working on empowerment of dalit women in Satara. They organised a rally on the world population day of girl students from class 8th to 10th from different schools in Satara. The rally of about 200 people along with school girls raised slogans against sex selection and sex determination. They also went to the Government Hospital and wards, and gave away information of the illegality of sex selection. In September an adolescent girls' camp was organised which was attended by 500 girls, NGOs working on the issues of discrimination of girl child, Aanganwadi workers, District Health Officer, District Education Officer, the Panchayat Samiti Members and Child Development Project Officer. Initially health officer talked about the state of health facilities in the area with, special emphasis on adolescent girls health. The girls were made aware on the issues of reproductive health, MTP Act and PNDT Act.

On 25th November 2004, a programme on the theme of sex selection and sex determination was organised by Dalit Mahila Vikas Mandal. The programme took place in civil hospital of Satara and was attended by pregnant women, gynaecologists, other doctors, hospital staff as well as activists of Dalit Mahila Vikas Mandal and collector of Satara District. Dr. Deshpande of Civil Hospital delivered lecture on PNDT Act, and Advocate Varsha Deshpande explained the social impact of sex selection and sex determination.

The Human Rights Day was commemorated with a street play on the theme sex selection and sex determination. The play covered major aspects of the PNDT Act in the street play. Thirty-one performances of the street play were organised in different places, on human rights day.

5.5.2.3 Samwad, an Organisation Working on Various Women's Issue at Village Level.
In Chiplun district a meeting was organised by Samwad with Self-Help Group (SHG) women in which Memorandum for ban on prenatal sex determination was prepared which was signed by all women in SHG. About 80 women participated in the meeting. The memorandum was signed and submitted to the Civil Surgeon, the appropriate authority of the area. In Ratnagiri District – they screened well known Marathi play *Mulgi Jhali Ho*. This was followed by group discussion on the issue of gender discrimination in which 50 people participated. The focus of the group discussion was patriarchal structure and son preference in the context of various festivals and rituals. The procedures of sex selection and sex determination were explained to this group along with the reasons for the

movement against sex selection and sex determination. The salient features of MTP Act and the PNDT Act were discussed.

Violence Against Women Campaign was commemorated from 11th November - 10th December with different programmes. They included poster exhibitions, workshops as well as cultural programmes. The objective of the programme was to create awareness in the people regarding violence against women with special reference to domestic violence and health. The programmes took place in Donavali – Bhoiwada in which 77 women participated, in Pathardi where 32 young girls participated and in Chiplun 30 youth participated. Methodology used for the programme was making posters, flip charts, games, street play and discussions.

A programme was organised on 10th December 2004 to celebrate International Human Rights Day. The main theme of the programme was Sex Determination and Human Rights. The discussion was on health related awareness in village, self-help groups, women participation in Gramsabha, CEDAW, Civil and Political Rights under CEDAW, health issues and women, implementation of PNDT Act and Primary health care system. The programme was in the form of discussion and experience sharing. Seventy people participated in programme including Gram Panchayat members.

5.5.2.4 Gadchiroli - Aamhi Aamachya Aarogya Saathi

Aamhi Aamachya Aarogya Saathi is an organisation in Gadchiroli district working with tribals on the issue of health. About 50 women from Mahila Mandals and about 30 adolescent girls attended a meeting on the awareness of the MTP and PNDT Act. The right of women for abortion under certain circumstances was discussed and the sex selection and sex determination techniques were elaborated along with the PNDT Act. Self-help groups along with the NGO organised meetings in six villages - Kurkheda, Korchi, Bairagarh, Barda, Ranwai in Gadchiroli District and village Belapur in Chandrapur District.

The meeting discussed topics like 'Food, health and education'. The education part included dissemination about the MTP and the PNDT Act. The women and girls were asked to write questions related to the subjects and the concerned authorities including PHC representative, teachers from public and private schools and NGOs replied to their queries. About 50 people in each village attended all these meetings, and everyone expressed their desire of more such events on awareness to know the latest changes and developments in area of health, law and education.

The said organisation, conducted campaign against gender violence from 25th November to 10th December 2004. During this duration 4 workshops were organised in Kurkheda, Korchi, Gadchiroli and Balapur in Chandrapur District. One workshop was organised later on 10th December 2004. Nearly 310 villagers (female 240, male 70) participated in these workshops which focused on issues related to gender violence, violence against women in home and outside at workplace, abortion, sex selection and Acts for preventing violence against women.

On Human Rights Day they conducted workshop on 10th December 2004. The topics covered in the workshop were incidents of violence against women, establishment of committee against sexual harassment at workplace, Vishakha guidelines implementation, CEDAW Act, gender discrimination regarding wages, ownership in property, education and health and PNDT Act.

5.6 The International Campaign to End Violence Against Women and Girls

The International Campaign to End Violence against Women and Girls is part of a campaign originating from the first Women's Global Leadership Institute sponsored by the Centre for Women's Global Leadership in 1991. November 25 was designated as International Day against Violence against Women and December 10, International Human Rights Day to symbolically link violence against women and human rights, and 'to emphasise that such violence is a

violation of human rights. During this period women across countries and organisations committed to the cause, call for the elimination of all forms of violence against women. They also mobilise public opinion and draw more people into the struggle for women's rights.

CEHAT team participated actively in the planning and organising of events in Mumbai during the International Campaign to Stop Violence on Women and Girls from, November 25th to December 10th 2004. Thirty-five organisations from Mumbai and Thane were part of the Campaign. CEHAT was actively involved in organising the common event on 25th December 2004 as follows:

5.6.1 Shades of Courage
A protest rally was organised from V.T. via Hutatma Chowk to Churchgate station from 5.00 pm to 6.00 pm to commemorate the memory of women who have suffered violence. The CEHAT team was involved in drafting, printing and distribution of the Charter of Demands and leaflets (*Parchi*), which were used for mass distribution during the Campaign.

5.6.2 Shades of Courage Concert
A musical programme by Suneeta Rao was organised at Gateway of India from 6.30 pm to 8.30 pm where after the performance the voices of various stakeholders were reflected. Mita Vashishth and Rahul Bose compared this programme.

5.6.3 Reclaim The Night
A workshop for women was organised on - Violence Faced by Women in Public Places - at Azad Maidan from 8.30 pm. CEHAT team was part of the discussion as facilitators and co-facilitators. A mid-night boat ride was also organised.

5.7 Maharashtra Advocacy Project: Advocacy on Sex Selection, Age at Marriage, Gender Equity and Related Issues Impinging on Reproductive Health

In the United Nations Population Fund (UNFPA) assisted Integrated Population Development (IPD) Project, CEHAT has been designated as the nodal agency to develop advocacy strategies on the issues of sex selection, age at marriage, gender equity and gender based violence.

Declining sex ratio is a growing concern in Maharashtra. There has been a rapid decline in juvenile sex ratio since 1998. Reasons for this alarming decline are being attributed to the rapidly expanding use of sex determination techniques through which female foetuses are being eliminated. Advancement of technology now enables people to select the sex of the child even before conception.

Age at marriage is another issue of concern, which accounts for poor social status of women in India. Child marriages are still practiced in many parts of India. A study puts the median age at marriage in rural areas at 14.9 years and in urban areas at 19.8 years.

Despite Maharashtra's economic progress and the history of social reforms, the state has not responded in a progressive way in this case.

Gender equity and gender based violence are also issues of major concern. Data shows that crimes against women are on the rise. National Family Health Survey (NFHS) 2, data 1998-99 shows that 18% of women faced violence before the age of 18. Maharashtra in fact had the highest number of torture cases 28.1 % in the country in 1995 according to National Crime Record Bureau 1998.

For domestic violence Maharashtra had 6.3 reported cases per lakh population in contrast to the national average of 4.8 according to National Crime Record Bureau 1998.

The project has commenced from December 2004.

CEHAT will be working in five districts and two corporations. These are Sangli, Aurangabad, Chandrapur, Ahmednagar and Nandurbar Districts, Kolhapur and Bhiwandi Municipal Corporations.

In this project efforts will be made to develop advocacy strategies agreeable to all the stakeholders. CEHAT will work with all the stakeholders like select group of elected representatives, bureaucrats, other goverment officials and NGOs.

The aim is to create political commitment for addressing key population, reproductive health and gender issues so that there can be an integrated approach in addressing these issues. Thus advocacy will not only be at the level of the community but also will be directed towards the people at decision-making level.

The methodology being followed is three fold: First is to develop a creative brief, which will be used as a vehicle to propagate these strategies; Capacity building of different stakeholders to inform them, influence them and get their commitment to the causes of these issues and organising public events wherein various groups from the civil society can be exposed to these issues of concern.

In the first phase of the project, team members are involved in conducting extensive field visits to understand the reproductive health scenario in these districts and also to establish contact with stakeholders at all levels. Efforts are also being made to build linkages with civil society groups and that of professionals who can become partners in action. The areas of work are in terms of developing resource material for the capacity building programmes, reviewing the existing Information, Education and Communication (IEC) material on these issues and also developing new material.

Team Members: Leni Chaudhury and Pankaja Dhande.

Supported by: Ministry of Health and Family Welfare – Government of Maharashtra.

5.8 MUKTA - Women's Health Project

As a part of the grant received from the Women's Health Project in South Africa, CEHAT has conducted four workshops in rural Maharashtra between October to December 2003 with intention to make issues of access to women's health, right to abortion services and the stand against sex selection more accessible to rural activists. CEHAT's persistant research and advocacy on the issue of abortion rights for women was the background for receiving this grant. It was essential to deal with abortion services as a part of the general and reproductive health care, both to establish a rightful place for abortion services in the health care package from public services as well as to emphasise its importance among rural health activists. A second reason was also the difficulty of dealing with 'abortions' in isolation, as this subject is still a taboo. The project was named MUKTA, signifying the liberated woman, a small effort towards women gaining their rights and moving towards a liberated and empowering existence.

5.8.1 The Workshops

Four residential workshops of three days each were conducted in Vidarbha, Konkan, Marathwada and Western regions of Maharashtra with participation of about a 100 activists from more than 25 districts. The workshops were conducted and all the material developed entirely in the vernacular. The entire documentation has been done in English while a shorter version is being prepared in vernacular for sharing with the participants. Four nodal groups, one in each area took responsibility to locally organise the workshops. These groups helped identify about 15 organisations each, with past experience and/ or interest to work on health concerns, especially women's health, from districts falling within these areas. The criterion was one woman and one man preferably from each organisation, who were interested to work on women's health issues. A total of 105 participants from 68 organisations finally participated in the workshops. Of these 68 were women and 37 were men.

5.8.2 Content of the Workshops

The workshops were conducted in the 'Reproductive and Health Rights Framework'. Universal Declaration of Human Rights and the Convention for Elimination of all Forms of Discrimination Against Women (CEDAW)

to which India is a signatory was used to acquaint women and men with their rights. The workshops covered the current status of women's health, issues regarding their access to health care, abortion related issues and the issue of access to safe, accessible abortion facilities. They also oriented the participants to issues and concerns about the politics of sex selection in India. Interactive sessions, group discussions, group-work, case studies and audio-visual material like slide-show and films were shown in the workshops.

5.8.3 Information Collected from Participants

The participants filled up a questionnaire about the status of public health services with a special focus on women's access to it, from their experience. This was undertaken both to increase motivation to learn and increase awareness of women's concerns of access to health care, as a homework before attending the workshops. In this process information was received about 36 PHCs (Primary Health Centres), and 7 first referral centres (maternity homes and rural hospitals). Except 2 PHCs, all the rest (89%) reported that MTP (Medical Termination of Pregnancy) facility was not regularly available at the PHC. In four of these PHCs (11%), MTP service is made available only in the sterilisation camps. Among six PHCs where MTP service is available in some form, four reported that some pre-conditions such as compulsory acceptance of medium term contraceptives like the Copper-T or permanent sterilisation were enforced before MTP was made available. Three PHCs were reported to demand monetary compensation for MTP. An overwhelming majority of 89% reported that sterilisation camps were organised in their PHC, although this is not allowed by government diktat. Only 36% activists reported that women were satisfied with PHC services received. 47% reported partial satisfaction. Only 22% of the PHCs (8 PHCs) were found to employ a female practitioner. The rest i.e. 75% (27 PHCs) reported that the lady doctor was not in service. More than 50% PHCs do not even have a visiting lady doctor. More than one in three (36%) PHCs, a significant number, reported that women do not receive care for gynaecological problems at the PHC. These range from lack of facilities at the PHC, lack of drugs available, doctors not residing at the PHC, non-availability of functional vehicle, indecent and rude behaviour of the staff. These further reduce women's access to health care.

5.8.4 Advocacy Meeting

To consolidate the issues emerging in the four workshops, a meeting of all participants for an advocacy meet was organised on 29th May 2004. This was the concluding event of the project and it also coincided with the day of 'Call for Action for Women's Health' declared by Women's Global Network for Reproductive Rights (WGNRR). The celebrations were attended by about 100 persons, which included most of the workshop participants. Jaya Velankar, women's health activist drew a comprehensive picture of issues and concerns of women's health and Dr. Mohan Deshpande, senior trainer and activist in the field of health, elaborated on men's role in promoting and protecting better health care services for women. Dr. Chitale and Dr. Belambe, public health officials, Dr. Seema Malik, the Medical Superintendent of K.B. Bhabha hospital were invited and they responded to the narration of dismal access to health care by poor women in rural areas of Maharashtra. A memorandum of demands for women's health care was drawn and presented to Dr. Chitale, Deputy Director, Family Welfare Bureau at the advocacy meet on 29th May. A signature campaign was undertaken on this issue. A letter of protest for continuing sex selection was written, signed by all participants and presented to Dr. Belambe, appropriate authority, Maharashtra State for implementation of the PNDT Act, 2001, at the advocacy meet.

Team Members: Amita Pitre, Bhagyashree Khaire, Audrey Ferandez, Vidya Kulkarni and Dr. Sunita Bandewar

Supported by: Witwatersand University, Johannesburg, South Africa

5.9 Sexual Assault Care and Forensic Evidence Kit

Sexual assault against women and girls has

only been increasing over the years. The WHO report on Violence and Health reports that in 2002, one in four women world wide may experience sexual violence by an intimate partner, and upto one-third adolescent girls report their first sexual experience as being forced. The women's movement has documented incidences and also demonstrated that the women victims are normally harassed for seeking justice and those who relentlessly fight for justice often end up more victimised and lose their cases in the court of law due to inadequate evidences. CEHAT's previous work on the issue of Violence Against Women has also brought to light the gross inadequacy regarding eliciting history, medical examination and collection of forensic evidence while dealing with survivors of sexual assault. The medical examiners were not adequately trained for this, there was no uniform and standard kit for collection of evidence and the medical professional often failed in his duty as a care giver.

The need to prepare a scientifically sound, easy to use Sexual Assault Evidence Kit for the examination of such victims, with a description of the role of the medical professional including appropriate care and counselling and a standard protocol in eliciting history, examination, and recording the forensic evidence was felt and thus the Sexual Assault Forensic Evidence Kit was prepared by Dr. Lalitha D'souza in 1998. Follow-up of this work has been taken up since January 2004.

The Sexual Assault Forensic Evidence Kit serves as a **Model Kit for the Comprehensive Care and Documentation of Evidence in cases of Sexual Assault**. It contains all material and equipments needed for the complete examination of not only the victim, but also the offender, which is very important but often neglected. An exhaustive manual accompanying the kit has also been prepared, which gives information on the contents of the kit, and how to use it, in a lucid language, with a minimal of technical jargon. The aim was that the kit should be useful not only for the medical community, but also facilitate understanding of women activists about the nature of evidence and methods for it's collection that need to be undertaken. The protocol guides the health care provider in giving care to the survivor as well as collection of evidence in a sensitive and accurate manner.

5.9.1 Broad Aims and Objectives of this Work

- To prepare, use kits on a pilot basis and regularly update scientifically sound and easy to use kits for care and evidence collection in management of sexual assault. Eventually the kit needs to be institutionalised in the Public Health System.

- To translate the accompanying manual in vernacular so that activists find it easy to use in rural areas. Although as of today the examination of survivors is quite mystified and activists have no role to play in it, it is hoped that with better awareness of what it constitutes they may be able to exert pressure on public dispensaries/ hospitals to use it.

- Research, Literature Review and Highlighting Case Studies, to establish use of the SAFE kits to ensure access to care and justice for survivors.

- Advocacy with the Public Health System, Rural and Urban, for adopting the kit.

- Training of health care providers for perspective building and for the use of the kit. Preparation of training material towards this end.

- Interaction with law enforcement officials and judiciary to identify problems and lacunae within the system, which hamper women's access to justice. Sensitising them to women's rights and needs is also an aim.

- Preparation of awareness material in English as well as vernacular and media advocacy to create awareness among people about the problem, the use of the kit and medical and legal issues.

The kit has been finalised for use in the public health care set-up. For this purpose, various forensic experts, gynaecologists, public health experts and human rights activists have been involved to give a detailed feedback to suit the kit to the Indian medico-legal requirements. A medical consultation was jointly organised by CEHAT and Mumbai Association of Forensic Experts, on 18th December 2004 (at King Edward Memorial Hospital, a major Public Hospital affiliated to Seth G. S. Medical College) to consolidate all the feedback. About 40 senior doctors attended the consultation, mostly from Mumbai, and some from other parts of Maharashtra, Karnataka and Goa. The Dean of KEM Hospital, Dr. Nilima Kshirsagar inaugurated the consultation. The kit has also been presented at various forums involving medical faculties and social activist groups in Maharashtra and other states including Karnataka and Goa. Advocacy at all levels has also been initiated as a part of the project in order to get a breakthrough for acceptance of the kit, including some interventions through the media to let people know that such a kit is available.

There is an ongoing process of getting the kit used in some public hospitals in Mumbai and the Goa Medical College. A research is being planned on review of role of medical evidence played in legal outcome in cases of sexual assault, quality of evidence before and after the use of the kit. The team is also planning a review of the prevalence of sexual assaults, profile of the victim and services accessed by survivors of sexual assault.

Team Members: Amita Pitre and Joyce Patton.

Supported by: Fund for Global Human Rights, Washington DC.

5.10 Human Rights Education at the Mumbai University : Postgraduate Diploma in Human Rights

In 1996, the University of Mumbai introduced a one year postgraduate diploma course on human rights. Though this wasn't the first initiative in human rights education, it had been significant as Mumbai University is one of the biggest universities in the country and being a formal diploma it had a better chance of continuing in the future.

The course was planned in consultation with human rights activists and NGOs. A committee of university professors and a retired judge who has participated in the investigation of human rights cases on behalf of human rights NGOs devised the syllabus.

The stated objectives of the course are: (i) to train citizens, create awareness among them about human rights and to promote a more effective exercise of rights of citizenship; (ii) to train the police, media and citizens to develop their culture and identity and make them aware of the benefits of modernity, education and equality of opportunity; (iii) to develop the ideology, attitudes and institutions for the protection and promotion of human rights values with the help of ideas contributed by human rights organisations in India and abroad; (iv) to create consciousness among the bureaucracy, police, paramilitary and military on the nature and importance of human rights.

The course is organised on weekends to encourage employed people to enrol. This schedule allows NGOs to participate in teaching. The enrolment for the course has been diverse with the students being journalists, lawyers, employees of government and semi government departments, individuals associated with community based organisations or non governmental organisations as well as postgraduate students.

When the course was launched CEHAT was involved in teaching and guidance of students on several topics in health and human rights. The senior staff of CEHAT has volunteered to provide guidance to all students who do their dissertation and field work on any issue in health and human rights. Since the fieldwork and writing of the dissertation involve some expenditure and since CEHAT is interested in motivating students to enter the field of health and human rights, it announced two fellowships to be awarded to students to be selected by the university. The fellowships are modest allowances sufficient to meet the expenses for fieldwork and the cost of paper,

typing and binding of the theses.

The topics taken in 2003-2004 were, (i) Right to Health Care (Indian & Global Context) by Ravi Duggal (CEHAT), (ii) Torture by Amar Jesani, (iii) Women's Health and Reproductive Rights by Vibhuti Patel (Mumbai University), (iv) Rights of the Disabled by Kamayani Bali Mahabal, (v) Communalism and the Role of Medical Professionals by Neha Madhiwala (CEHAT), (vi) Transplantation and Trade of Human Organs by Dr. Sanjay Nagral (Forum for Medical Ethics), (vii) Violence Against Women by Qudsiya Contractor (CEHAT) (viii) Women's Access to Health Care by Vibhuti Patel (Mumbai University).

During this academic year, a film screening session was held followed by a discussion for the students on health and human rights issues such as torture (*Returning to Life- About the Fight Against Torture*), domestic violence (*Nasreen-o-Nasreen*), women's health (*Jari Mari- Of cloth and other stories*) and communal violence (*Hey Ram*).

Topics taken in 2004-2005 were, (i) Right to Health Care (Indian & Global Context) by Ravi Duggal (CEHAT), (ii) Women's Health and Human Rights by Dr. Vibhuti Patel (Mumbai University); (iii) Involuntary Resettlement in the Context of Human Rights by Qudsiya Contractor (CEHAT) (iv) Rights of the Disabled by Kamayani Bali Mahabal (CEHAT); (v) The Campaign Against Sex Selection by Dr. Vibhuti Patel (Mumbai University); (vi) Euthanasia by Kamayani Bali Mahabal (CEHAT); (vii) Sexual Assault and the Role of Medical Professionals by Amita Pitre (CEHAT); (viii) Transplantation and Trade of Human Organs by Dr. Sanjay Nagral (Forum for Medical Ethics); (ix) Domestic Violence as a Public Health Issue by Padma Deosthali (CEHAT); (x) Torture by Kamayani Bali Mahabal (CEHAT); (xi) International Covenants and Conventions on Health and Human Rights by Kamayani Bali-Mahabal (CEHAT).

Films screened in this academic year were *Something Like a War* (a film on female sterilisation camps) and *Hamara Shahar* (a film on urban planning). These were followed by discussions.

5.11 Course on Health and Human Rights, CEHAT and Tata Institute of Social Sciences

An intensive course exploring linkages between health and human rights and building skills in rights based monitoring has been designed for health and human rights activists by CEHAT in collaboration with Tata Institute of Social Sciences. This course is designed to provide an overview of the nature and role of national and international norms, processes and institutions with respect to health and human rights issues. The course will include responses of the national and international political and legal order to some of the pressing issues of health and human rights. It will explore the dialectical relation between the pursuit of national interest by the governments and the rhetoric of global objectives by the agencies that include health or human rights within their mandates.

5.12 Paralegal Certificate Course

CEHAT conducted two full days training module on health and human rights in this course, initiated by India Centre for Human Rights and Law.

The Paralegal certificate course has duration of 3 months and is conducted on weekends. The first batch commenced in June-October 2004 followed by subsequent batches – November 2004 to January 2005 and February- April 2005.

The modules conducted by CEHAT covered the topics:

- Linkages Between Health and Human Rights
- Medical Negligence and Informed Consent
- Violence as Public Health Issues with Special Reference to Domestic Violence on the Reproductive Rights and PNDT Act
- Maharashtra Transplantation Of Human

Organs Act 1994 and Consumer Protection Act

- Consumer Protection Act

5.13 Budget Analysis Training and Budget Advocacy

Budget is a critical policy document of the government that not only indicates the expenditure incurred but also reflects the policy priorities of the government. It also enables us to see the conformity/ non-conformity between the pro-people rhetoric and the actual budgetary commitments. So, understanding the budget and analysing it can be an effective instrument to demand transparency, accountability and to generate public pressure for influencing policy.

In April 2003 CEHAT organised a first budget orientation workshop for the activists and NGOs. The workshop was organised in collaboration with National Centre for Advocacy Studies, Pune and Samarthan's Centre for Budget Studies, Mumbai. This workshop conducted by well-know budget analysts provided insight to the participants about the importance of understanding the budget in development work and the need to use it as a tool for advocacy for strengthening social sector investment and expenditures. This was the beginning of a process of developing a network of groups across the state who would use budget analysis as a tool for advocacy.

A follow-up budget orientation workshop was organised on 25th-26th February 2004 in Mumbai with grass roots focus of issues and concerns. The event was organised keeping in mind impending general elections. The main idea was to generate a debate and create an atmosphere that would facilitate budget advocacy for larger allocations for the social sector, including the health sector. The objective was to educate the activists to undertake exercise of situation analysis of the budget and expenditure at the district and town level, to identify gaps in resource allocation and get directly involved in budget advocacy in their constituencies along with other organisations at the local level.

In this two day workshop the first day was spent on orientation on budget making process, reading and understanding budgets, analysis of various social sector allocations and some technical aspects of the accounting structure with the idea of building capacity of participants to read, understand and utilise budgets for analysis and advocacy on their issues of local concerns. The second day was devoted to budget reading and analysis and group exercise with presentations. As a conclusion participants were given "homework" to follow-up on what they had learnt. The session was concluded with an action plan according to which a core group for the budget analysis was formed to undertake exercise at the local level to assess the level of resources and it's optimality in the selected facilities and organise/co-host the training workshop at regional level. Convenors for the regional budget workshop were identified: Kadudath Kambale, Manvi Hakk Abhiyan, Marathwada; Rahul Bagde, Van Sampada Vanrai Parisar, Vidharbha; Vijay Valenju, Mahila Rajsatta Andolan, Konkan; Vikram Kanhere, Janarth Aadivasi Vikas Sanstha, Northern Maharashtra; Sampate Kale NCAS, Western Maharashtra. The State level coordination for the regional budget workshop will be facilitated by CEHAT.

5.13.1 Regional Budget Workshop

The regional budget workshops were conducted in different parts of Maharashtra such as Beed in Marathwada, Nashik in Northern Maharashtra, Pune in Western Maharashtra and Wardha in Vidarbha for empowering activists to ensure their participation in governance.

5.13.1.1 Marathwada Regional Budget Workshop, Beed

First regional workshop was held on 21st-22nd September, 2004 at RDC, Beed, Maharashtra in collaboration with Manvi Hakka Abhiyan, Jamin Hakka Abhiyan and Bal Hakka Abhiyan. About 28 participants from 8 district of Marathwada region who were activists, sarpanch, members of Panchayat Samiti and had done some work on people's rights, development or governance issues participated. There were three sessions in the workshop - General overview of the budget,

Gram Panchayat budget, Zilla Parishad budget; linkages with district and village and analysis of various issues in the context of budget. Resource persons were Datta Gurav, ex-Sarpanch Ajara Gram Panchayat associated with Mahila Rajsatta Andolan, Prof. Manoj Pandker from Economics Department, Ambedkar College, Pune and Prashant Raymus from CEHAT. At the end of the session take- home-exercises and action plan at the district /village level was decided like collecting the Zilla Parishad budget documents, asking the proceeding of last Gram Sabha meeting, collecting the receipt-expenditure statement (which gives the detail of Gram Panchayat's revenue receipts along with the grant and contribution from state and Zilla Parishad and the expenditure incurred on various programmes).

5.13.1.2 North Maharashtra Regional Budget Workshop, Nashik

Second regional workshop was held on 8th-9th November, 2004 at Nirmal Gram Vikas Kendra, Nashik in collaboration with Uttar Maharashtra Lok Vikas Manch and Janarth Aadivasi Vikas Sanstha. Around 23 participants from 4 district of Northern Region of Maharashtra participated in the workshop. The module of the session was similar to the Marathwada workshop. Resource persons were two Gram Sevaks who gave insights on the dynamics involved in implementation of the schemes and the budget maintained by them. Sailee Bagker gave the presentation on budget planning process of district and state, Prof Pandekar gave presentation on the Zilla Parishad budget document and Prashant Raymus presented the State expenditure on social sector and the linkages.

5.13.1.3 Western Maharashtra Regional Budget Workshop, Pune

Third regional workshop was held on 22nd-23rd November, 2004 at AFRAM Training Centre Khondanpur, Pune in collaboration with NCAS. Around 20 participants from five districts of Western Maharashtra participated in the workshop. In the first session Yashwant Shitole Asst. Prof. of Yashwantrao Chavan Academy of Administrative Development (YASHADA), Pune discussed about the implementation of various schemes and allocations, rural-urban disparities in allocations, revenue receipts of Zilla Parishad and Panchayat Samiti etc. Madhukar Audhane, Administrative Officer on special duty Pune Zilla Parishad and ex-BDO explained the process of preparation of Gram Panchayat budget, implementation of various schemes, sources of revenue receipts, functioning of the Gram Vikas Samiti etc. Prashant Raymus presented the importance of the state budget, policy priorities of the state as reflected in the declining social sector, department expenditures and its linkages. Prof. Manoj Pandker, gave orientation to the Zilla Parishad budget, district allocation etc. At the end of the session take-home-exercises and action plan were discussed along with the formation of the core group for the follow-up of action plan and to provide technical support to the action plan.

5.13.1.4 Vidarbha Region Budget Workshop, Wardha

Fourth regional workshop was held on 19th-20th March, 2005 at Sewagram, Wardha in Vidarbha. Vidarbha Lok Vikas Manch network organised this workshop in which, around 30 representative from NGO /CBOs and women panchayat members from Vidarbha Region participated. There were three sessions in the workshop - General overview of the budget, Gram Panchayat budget, Zilla Parishad budget; linkages with district and village and analysis of various issues in the context of budget. Resource persons were Prof. Manoj Pandker - Economics Department, Ambedkar College, Pune and Prashant Raymus from CEHAT. Ex-Gram Sevaks and 2 women Panchayat members associated with this networks shared their experiences on the functioning of the Gram Sabha, implementation of the schemes, sanctioning of the schemes in Zilla Parishad subject committee. At the end, action plan was discussed along with the formation of the core group for the follow-up of the action plan and to provide technical support.

5.14 World Social Forum

At the World Social Forum - the biggest international event organised in Mumbai in

January 2004 - CEHAT organised a seminar on Saturday 17th January, "Violence as a Public Health Issue". Two sessions were organised in which the first session was on Violence Against Women in which the panellist were Manisha Gupte – MASUM, Padma Deosthali – CEHAT, Ravi Duggal – CEHAT, Elvire Beleoken – Women's Global Network for Reproductive Rights (WGNNR) Netherlands. The issues discussed were different types of violence in India such as poverty due to globalisation and privatisation as structural form of violence, communal violence and its impact on health in the society, the relationship between violence and physical, emotional and sexual health, domestic violence as a public health issue and gender based discrimination leading to sex-ratio differentials. The African perspective towards violence was also presented with discussion focusing around forced sexual initiation against girls at an early age, practice of forced marriages in countries such as Nigeria where the age of marriage was eleven causing high level of maternal mortality, female genital mutilation widely practiced in Africa among certain communities causing severe health hazards, violence inflicted during wars and ethnic conflicts leading to poverty due to which women were unable to access health services leading to ill health and infections.

The topic of the second session was Conflict Situations and Violence. The panellists were Stephen Marks and Robert Simon. The discussion took place on issues such as refugees and dilemmas the health professionals faced in conflict situations, the health professional's role during conflict situations, need to protect human rights during their violations, the need to train health professionals to identify the signs and symptoms of physical and psychological maltreatment during conflict situations. The discussion also took place on victims of sexual assault and how the perpetrators of such violence easily escaped stringent punishment due to lack of evidence. Dr. Amita Pitre of CEHAT proceeded with her presentation on Sexual Assault Evidence Kit, which was developed for the purpose of recording evidence in cases of sexual assault.

CEHAT played an active role in co-organising the Disability Workshop on 18th January 2004 along with the organisation 'Nothing About Us Without Us' in which a global perspective was discussed regarding disability.

The Workshop - Disability in Global Perspective: Nothing About Us Without Us covered the following topics:

- Disability as a Social Construct (The Medical Model vs. the Minority Model) and the International Movement for Disability Rights by Jean Parker;
- Disability, Capitalism and War by Jean Stewart;
- Disability, Women, and the International Women's Movement by Anita Ghai;
- Deaf Issues, Deaf Rights by Sibaji Panda;
- Life Worthy of Life: The Devaluing and Reclaiming of Disabled Lives by Anne Finger

CEHAT took responsibility of translating the proceedings during the workshop.

CEHAT also co-organised a Workshop " From Rights to Actions: The Women's Access to Health Campaign" with Women's Global Network for Reproductive Rights (WGNRR). The goal of the workshop was to raise awareness, share experiences and call for action on women's access to health and reproductive rights.

6. CELEBRATING TEN YEARS OF CEHAT

CEHAT successfully completed its ten years of functioning in April 2004. To commemorate this occasion special academic events were organised during the year.

1. A lecture by Prof. Yoginder K. Alagh – Chancellor, Nagaland University and Vice Chairman of Sardar Patel Institute of Economic and Social Research, Ahmedabad - was organised at the K.C. College Hall on 15th April 2004. Ravi Duggal, Co-ordinator CEHAT, gave a welcome address and overview of CEHAT's ten years work. Qudisya Contractor made a presentation on CEHAT's work ' a journey of a decade'. Prof. Alagh spoke on 'Employment, Human Security and Governance' with a focus on 'People Centred Development Strategies'. The lecture was focused on employment in agrarian sector from the perspective of gaining human security; the importance of governance issues in a decentralised framework was also highlighted. He felt that the issues in health sector were not limited resources but distribution and access, and only a decentralised healthcare system built on a strong primary healthcare foundation which is controlled by the local governments will help to move towards right to health and healthcare. Dr. Bhalchandra Mungekar - Vice Chancellor, Mumbai University, presided over the function and spoke about India's socio-economic condition at cross roads. CEHAT staff had put up publications and a poster exhibition about the various initiatives and accomplishments of CEHAT's first decade of work.

2. CEHAT organised a seminar on "Social Sciences and Health Research- Contributions to Influencing Policy", on 22nd December, 2004 at ICSSR Hall, Mumbai University, Kalina Campus, Mumbai. The following presentations were made by the key speakers, followed by discussion:

   - Global Perspectives on Universal Access to Healthcare Systems and Health Sector Reforms - Hilary Standing, Institute of Development Studies, Sussex, U.K.

   - Poverty and Health: Reflections through Nutrition Studies - Neeraj Hatekar, Department of Economics, University of Mumbai, Mumbai.

   - Restructuring and Regulating Health Systems - Ravi Duggal, Coordinator, CEHAT, Mumbai.

   The seminar focused on the dimension of social sciences in health research through select examples of research themes, which would drive health policy in India in a direction of establishing universal access to healthcare.

3. CEHAT in collaboration with the Dr Vibhooti Shukla Centre for Studies in Urban Economics, Mumbai University and Yeshwantrao Chavan Pratishthan co-organised a lecture by Nigel Harris - Emeritus Professor of the Economics of the City, University College London on 'State and Urban Development' on 8th, January 2005. Prof. Nigel Harris has been associated with the development of urban economic research in Mumbai and other centres and has worked with urban planning and infrastructure development bodies in several cities in South and East Asia as well as in Europe. He expressed concern over the unrestrained growth of skyscrapers changing the skyline of the city and felt that there was a need to preserve the native culture. He emphasised the need to have planned urban development in the cities with a balance of preserving the historic legacy and culture of the cities.

7. ORGANISATIONAL STRUCTURES AND FUNCTIONING

The earlier two reports about the Anusandhan Trust (AT) and CEHAT elaborated the structures and functions of the four organisational structures, namely, Working Group (WG), Peer Review Committee (PRC), Institutional Ethics Committee (IEC), and Social Accountability Group (SAG). These structures have their strengths. They also offer us learnings from running these structures at CEHAT over almost a decade. At this juncture when AT has decided to restructure CEHAT into three autonomous institutes, it has laid guidelines for their reconstitution; and roles and responsibilities as presented earlier in this report. Below is the brief presentation of the work done by these institutional bodies during the period April 2003 – March 2005.

7.1 Working Group (WG)

The Working Group (WG) of CEHAT is the Executive body, which oversees functions of the organisation such as appointments, induction, evaluations, grievances and future strategies of the organisation. It is a democratically elected body. The Coordinator is the ex officio member of the WG. Decisions in the WG are normally taken by evolving consensus. The WG elections take place every year in January and the members are elected for a period of two years. Half of the members retire after each year, however the members can contest for a second term. The strength of the WG was 25 per cent of the total staff strength or 11; whichever is less inclusive of the Coordinator.

The working group has been a combination of staff representatives from Research, Advocacy and Administration ranging from junior level to senior level of staff members thus giving the juniors equal opportunities to enhance their capacities, decision making ability and leadership qualities along with the seniors of the organisation.

The WG meets regularly once a month. The primary responsibilities of the WG remained including periodic review of various projects as part of its responsibility to monitor the progress of the projects; annual evaluation of the individual staff; final approval of the staff recruitment; and organising the staff meetings twice a year for the purpose of staff development and to review the administration of CEHAT. It also interfaces with the Anusandhan Trust, looks into the financial matters and also engages itself with troubleshooting. The WG in line with its tradition conducted annual self – evaluation in January 2004 for the year 2003. Some of the findings of its self-evaluation are presented below.

The WG is constituted of 11 members of which 8 were project staff and 3 were non-project staff. Female to male ratio was 6:5; 5 were from Pune office and 6 from the Mumbai office. Average years of experience at CEHAT of WG members were recorded to be 5 years. The WG also meets with the Trustees of Anusandhan Trust twice a year to discuss broad based organisational issues and their implementation / moving towards common vision.

From January 2005 onwards, post-restructuring of CEHAT, WG was dissolved and a new WG was elected from amongst the staff of CEHAT. In the staff meeting held prior to elections a decision was taken to reduce the strength of the WG to 5 elected members and the Coordinator as ex officio. The elected members of the new WG are:

- Amita Pitre
- Qudsiya Contractor
- Kamayani Bali Mahabal
- Pramila Naik
- Prashant Raymus

Members of Working Group

Name	Period
Abhay Shukla	January 2002 to December 2003
Amita Pitre	January 2003 onwards - December 2004
Anant Phadke	January 2003 onwards - December 2004
Dattatraya Taras	January 2004 onwards
Devidas Jadhav	January 2004 onwards
Margaret Rodrigues	January 2003 onwards - December 2004
Nilangi Nanal	January 2004 onwards
Padma Deosthali	January 2000 to December 2003
Prashant Khunte	September 2002 to December 2003
Pramila Naik	January 2004 onwards
Qudsiya Contractor	January 2003 onwards
Ravi Duggal	Ex officio as Coordinator
Shailesh Dikhale	January 2003 onwards - December 2004
Shelley Saha	January 2003 onwards - December 2004
Saramma Mathew	January 2002 to December 2003

7.2 Peer Review Committee (PRC)

The PRC is an internal scientific body, which periodically reviews the content and quality of the work, outputs of various projects undertaken in CEHAT. It meets 3-4 times in a year wherein ongoing projects and other activities are critically reviewed, new proposals are vetted and outputs are discussed to strengthen its quality. It acts as in-house consultant for project/s on a regular basis (this implies that the ongoing projects are assigned to the members of PRC for this purpose); it reviews each project report within CEHAT before its publication, presentation of research papers post publication. PRC members are to give comments and suggestions for improvements in the draft circulated by fellow researchers. With the above role in mind, PRC meetings were organised quarterly. All staff members at the level of Research Officer/Project Officer level and above are to participate in these PRC meetings. Staff members at the level of Junior Research Officer/Junior Project Officer can participate as observers.

The general methodology of discussion in the PRC is - every research team makes one or more presentations during the project period, depending upon the size and duration of the project. It could range from study design to final report. After the presentation, participants comment upon the presentation. Apart from this internal peer review, all research outputs also undergo an independent peer review by external experts.

PRC met 8 times during this period. The details of discussions regarding projects, papers, topics, issues during these meetings were reported as follows:

May 7th – 8th, 2003 meeting at Khandala, Pune

- Role, Structure and Nature of the Thematic Perspective Paper
- Perspective Paper on Health Care and Financing
- Perspective Paper on Health and Human Rights

- Sexual Harassment Bill and a New Act for Establishing Paternity in case of Children Born Out of Wedlock
- Draft Maharashtra Children Welfare Act
- Study of Health and Health Services in Three Districts' Proposal
- Planning the Volume on Status of Health Services in India
- Methodology to Assess the Impact of Counselling in Dilaasa Project
- Pre-proposal Note on Future Plan for Work in CEHAT on Domestic Violence and Health
- Methodology for Investigating Hunger Related Deaths
- The Relationship between the PRC and IEC.
- Date for the next PRC Meeting

August 19th-20th, 2003 at Khandala

- Community Based Study on Incidence of Caesarean Section in Aajara Area: Study Design
- Draft Report: Abortion in Maharashtra, Care and Cost.
- Pre-proposal Note an Improving the Quality of Community Mental Health Care
- Pre-proposal Note on Information Centre
- IFHHRO Conference 2005 and the suggestion to include a session on Violence and Health
- Proposed course on Human Rights and Health
- Equity Gauge - Proposal
- IEC's role in ethics review of action projects

November 6th-7th, 2003 at Mumbai

- Women and Health Project: Training curriculum for grass roots level health workers and activists on 'Abortion and Reproductive Rights'.
- Revised draft of Perspective Paper on Health and Human Rights
- Revised draft of Perspective Paper on Health Service Research
- Equity Gauge - Proposal
- Pre-final draft Report of Abortion in Maharashtra: Incidence, Care, Cost
- Draft Reference Manual of Abortion in Maharashtra: Incidence, Care, Cost
- Joint meeting of the PRC and IEC
- Convenership of the PRC

February 3rd-4th, 2004 at Mumbai

- Draft perspective paper on Health and Human Rights
- Draft paper on Health Services
- Draft Policy Brief on Right to Health Care
- Study of Health and Health Services in three Districts' - Findings, Conclusions
- Framework of the Resource Kit on Violence Against Women - (Follow-up Activity of the Aarogyachya Margavar Project)
- Note on Violence Against Women (VAW)
- Sexual Assault Evidence Kit – Final Proposal
- Policy Brief on Right to Health Care
- IEC's role in ethics review of action projects and Ethical Guidelines for Action Research
- IEC holding an orientation for CEHAT staff
- Responsibilities of PRC Members
- Restructuring of CEHAT
- Quality of Women's Reproductive Health Services and Abortions – draft –proposal

May 6th, 2004, at Pune

- Involuntary Resettlement Project Report (Chapter on Pregnancy and Education)
- Joint meeting of PRC and the IEC: Discussion on the rational and the probable issues
- Dilaasa: Impact of Counselling Study (Preliminary Study Findings)
- GIDR Report

August 5th and 6th 2004, at Mumbai

- Dilaasa extension proposal
- Discussion on composition of the PRC post CEHAT restructuring
- Proposal on Training and support in the field of Reproductive Health and Sexuality for NGOs in India: A capacity building initiative
- Involuntary Resettlement Study (Chapter on work)
- Discussion on the Jalna Facility Study
- Sexual Assault Evidence Kit: Methodology and Tools
- Proposal note on Monitoring Right to Healthcare
- UNFPA proposal on advocacy on Reproductive Health issues

Members of Peer Review Committee (PRC) during 2003-2005

Name	Designation
Ravi Duggal	Coordinator / Sr. Scientist
Anant Phadke	Sr. Scientist
Abhay Shukla	Jr. Scientist
Ravindra Thipse	Jr. Scientist (till 29th February 04)
Sunita Bandewar	Jr. Scientist
Manasee Mishra	Sr. Research Officer
Neha Madhiwalla	Sr. Research Officer
Amita Pitre	Research Officer
Chandra Ramamurthy	Research Officer (till 20th May 2003)
Dilip. T.R	Research Officer (till 12th June 2003)
Padma Deosthali	Sr. Research Officer
Amulya Nidhi	Project Officer
Nilangi Nanal	Project Officer
Saramma Mathew	Administrative Officer

November 5th, 2004, at Pune

- Quality of Reproductive Health Services (Review of chapters)
- SATHI cell phase 2 (Review of proposal)
- FAQs for the PNDT Act (Reviews of drafts)

April 5th and 6th 2005, at Mumbai

- Jalna Facility Survey (Review of the Report)
- Identities in Motion; Migration and its Impact on Health (Review of the Paper)
- Resource Kit on Domestic Violence (Final Kit Presentation)
- Methodology for Study on Unit Cost of Basic Healthcare
- Guidelines for Suicide Prevention Counselling in Domestic Violence
- Resettlement Project – Chapter on Methodology and Standard of Living (Review of the chapters)
- UN mission on Sex Selection- Presentation for the Experiences
- Presentation on Operationalising Right to Healthcare
- Issues and concerns emerged during Maharashtra Advocacy Project (Action Project Collaboration)
- Improving women's access to quality abortion care services: Advocacy with and training for services providers, women and their families, and civil society groups - presentation of the project proposal
- Moving Towards Right to Health Care – Policy Brief (Review of the policy brief)

7.3 Institutional Ethics Committee (IEC)

The IEC is appointed by the Trust, and all projects (action as well as research) of the institution are reviewed by the IEC. It also periodically monitors projects. The research projects have to go through the IEC certification process. For this purpose IEC has designed its own Standard Operating Procedure. The tenure of the IEC is two years. The first IEC was appointed in 2000 and it published a report of its work at the end of two years. The second IEC took over in January 2003 and has completed its tenure (January 2003 – December 2004). The IEC had six external and two internal members. The certification of the projects is done exclusively only by the external members.

The IEC, CEHAT seems poised for broader responsibilities. From now onwards, the three institutes of the Anusandhan Trust (AT) will have a common IEC and will be functioning within a fresh framework, which will be

evolved soon with the participation of the earlier IEC members and others concerned. The AT will also explore the possibilities of opening this IEC to the other institutes and organisations for ethics review and an expansion to accommodate biomedical research along with social science research in health. As result of its conscious efforts and vision about research ethics work, the AT has witnessed the development in structures and processes for research ethics review. It began with project based ethics review committees which worked pretty much without any uniform procedures and guidelines and moved to setting up of an institutional ethics committee with well developed standard operating procedures, defined roles and responsibilities and is now ready for the next leap. Needless to mention, CEHAT and the IEC have learning lessons to offer while this fresh constitution progresses in the near future.

IEC's second report is being drafted and will be published as soon as the outgoing committee approves of it. It presents in detail the significant issues discussed during the process of project review, the projects reviewed and certifications issues, evaluation of the IEC by the staff of CEHAT, and self-reflections of the IEC.

Below is the brief presentation of the work done by the IEC during its second tenure between Jan 2003 and December 2004.

IEC Work During January 2003-December 2004

By and large the IEC functioned within the same operational framework that was evolved during its first tenure. However, the need has been expressed both by the members of the IEC and researchers as well to revise its standard operating procedures based on the experiences over last four years.

IEC held about 14 meetings during its second tenure during which projects; both research and action research were reviewed. About 17 projects were discussed during this period at different stages of their life span. Of these, one project was reviewed for three different stages and another at two different stages.

The significant issues discussed during the research ethics review are: (i) ethical challenges which researchers encounter with unexpected field situations; (ii) ethical issues while dealing with vulnerable population as research participants/communities; (iii) concept of 'competency', (iv) issues arising of overlap between methodological and ethical issues and the role of IEC in such situations; (v) issues arising of potential conflict between research and service delivery; (vi) issues of concerns as regards action and action research projects and adequacy of the current ethics review procedures of the IEC and the expertise available; (vii) issues arising of collaborations with local organisations; and (viii) ethical challenges in implementing the outcomes of collaborative work.

Some other issues of concern reported are the regular mechanisms to orient and educate the staff as regards research ethics and ethics review; ensuring adequate expertise and skills of the IEC against the backdrop of expanding work of CEHAT, especially in terms of thematic areas and types of activities. The other functional, procedural and organisational issues discussed were: (i) the appointing body of IEC and its relationship with CEHAT; (ii) IEC as a recommendatory or a regulatory body; (iii) what should be the response of the IEC upon noticing the non-compliance with research ethics and the IEC recommendations as an outcome of ethics review and (iv) the role of the secretariat. It also recorded the need to expand the scope of the IEC against the fact that it is yet to become a norm and there are almost no such mechanisms available for independent researchers for their work to be reviewed for ethical content.

The self evaluation was carried out on 3 point scale done along eight major parameters – timely review, protection of dignity, rights, safety, and well-being of various concerned constituencies, relevant advice on ethical issues, education to the staff on ethical practices in research, IEC meetings, and efforts for self-training, optimal utilisation of resources and quality of review process. The ratings varied between 1 and 2.5. The staff was requested for feedback on – the

Members of the IEC (2003-2004)

External Members	
1. Dr. Jaya Sagade	(Chairperson) Reader, Law College, Pune
2. Dr. Joseph Lobo	Faculty, Department of Philosophy, Fergusson College, Pune
3. Ms. Nagmani Rao	Faculty, Karve Institute of Social Service, Pune
4. Ms. Sandhya Srinivasan	Executive Editor, Indian Journal of Medical Ethics, Mumbai
5. Dr. Saumitra Pathare	Consultant Psychiatrist, Pune
6. Ms. Shabana Diler	Researcher and grass roots level activist, SNDT College, Pune
7. Ms. Neha Madhiwalla	Director, Sahayog (NGO), Mumbai
Internal Members	
8. Dr. Anant Phadke	Sr. Scientist, CEHAT, Pune
9. Ms. Padma Deosthali	Research Officer, CEHAT and Coordinator, Dilaasa, Mumbai
Secretariat	
1. Ms. Nilangee Nanal	Research Officer, CEHAT, Mumbai
2. Mr. Dattatraya Taras	Sr Office Secretary, CEHAT, Pune

contribution of the ethics review, impact of the ethics review, whether their expectations were met by the IEC, the problems they perceived in ethics review process and suggestions for improving the ethics review process. The open-ended questions did bring out the strengths and weaknesses of the ethics review process. Both, the self reflections and reflections of the staff are expected to guide the IEC and its functioning in the coming time when it is getting ready for broader roles and responsibilities.

The appointment of the new IEC by the Trust is in process. There has been a short gap due to the restructuring process.

7.4 Social Accountability Group (SAG)

The SAG is a body of independent persons appointed by Anusandhan Trust to review CEHAT's work in terms of its stated objectives. The main function of the Social Accountability Group is to carry periodic social audit of the organisation. As presented earlier, the processes related to Organisational Development (OD) and restructuring of CEHAT had gathered momentum during this period between April 2003 and December 2004. The individual members of the SAG interacted with the staff at various different stages during this period with different objectives and responsibilities. Some participated in and facilitated the project team evaluation whereas most interacted with the staff at different points of time to understand their work, to gather insights into staff's understanding of the work they are engaged in the light of goals and mission of the AT and CEHAT. Towards the end of this period the SAG has begun the process of a final review of the last five years. The first report of the SAG pertaining to the first five years of CEHAT was published in 2000. The SAG is presently in the process of preparing the second report, which will be published once it is finalised.

Members of the present SAG

Ms. Medha Kotwal	Aalochana, Centre for Documentation and Research on Women, Pune
Dr. R. Nagaraj	Indira Gandhi Institute of Development Research (IGIDR), Mumbai
Dr. Ravi Narayan	Community Health Cell and People's Health Movement, Bangalore
Dr. Ravindra R. P.	Pharmacy College, SNDT Women's University, Mumbai
Mr. Vijay Kanhere	Participatory Research in Asia, Mumbai

8. ADMINISTRATION AND ACCOUNTS

8.1 Administration

CEHAT's administration and accounts team has consolidated over the last two years. The team is responsible for coordinating administrative and accounts across various branches of CEHAT such as Sathi Cell in Pune and a field office – Dilaasa, at Bhabha Hospital in Mumbai. Administration and accounts team provides support to project/programme teams including secretarial assistance, fund flows, project administration, and financial monitoring. This team is fully responsible for statutory functions, liaisons and reporting, personnel administration, accounts managements, facilitating audit, accounts and financial reporting. The team provides support to the Coordinator in organisational management and both external and internal liaison.

Over the last one year in the wake of the restructuring process, attempts have been made to decentralise the functioning of administration in the respective offices for which appropriate training has been imparted. The unit would start functioning independently for each centre next year onwards.

During the last one year, the process of reviewing of internal systems has started. A consultant has been hired for the purpose. The existing systems are being reviewed and changes being suggested for strengthening the same. This process is also expected to be completed in the coming year.

Team Members: Saramma Mathew, Anirban Bose, Dattatraya Taras, Devidas Jadhav, Dilip Jadhav, Kiran Mandekar, Meena Indapurkar, Muriel Carvalho, Netralal Sharma, Rajesh Shetye, Ravindra Mandekar, Ruma Bhowmick, Sanjana Bhingarde, Sharda Mahalle, Shilpa Mayekar, Shobha Kamble, Sudhakar Manjrekar, and Vikas Gamre.

8.2 Sources of Funding and Expenditures

The following funding agencies support CEHAT's activities:

- Asha for Education, USA
- Association for India's Development, USA
- Community Health Cell, Bangalore
- Ford Foundation, New Delhi
- Funds for Global Human Rights, USA
- Health Watch Trust, Jaipur
- National Commission on Macroeconomics and Health, Government of India, New Delhi
- Netherlands Organization for International Development Cooperation, The Netherlands (NOVIB)
- Population Foundation of India, New Delhi
- State Family Welfare Bureau, Ministry of Health and Family Welfare, Government of Maharashtra, Pune
- Swissaid India, Pune
- The John D. and Catherine T. Mac Arthur Foundation, USA
- The Sreechitra Tirunal Institute of Medical Sciences & Technology, Thiruvanantapuram
- United Nations Population Fund, New Delhi

ABRIDGED BALANCE SHEET OF
ANUSANDHAN TRUST FOR THE FINANCIAL YEAR 2003-2004

Assets	Amount Rs. Ps.	Liabilities	Amount Rs. Ps.
Current Assets		**Current Liabilities**	
Cash at hand and bank balances	22,479,469.09	Accounts Payable (creditors)	
Accounts Receivables (debtors)	157,538.00	Restricted funds (short-term)	
Other Current Assets (Investments)	2,183,625.25	Funds earmarked for projects	29,477,982.59
Fixed Assets (itemised)		Other current liabilities	
Office Premises	6,725,377.46	**Long Term Liabilities**	
Furniture and Fixtures	1,404,059.90	Corpus	30,055.00
Computers	136,486.00	General reserve including	2,660,619.56
Fax and Fax Modem	11,773.06	Income and expenditure account	
Equipments	403,638.29	**Designated Fund**	
Vehicle	354,710.85	Employees Social Security	990,331.00
		Health and Human Rights	321,142.25
		Maintenance Fund	239,737.00
		Publication Fund	136,810.50
Total	**33,856,677.90**		**33,856,677.90**

ANUSANDHAN TRUST

Expenditure For the Year 2003 - 2004

Utilisation of Funds	*Amount*	*Percentage*
Research	3,374,735.51	22.52
Training / Services	4,868,330.93	32.48
Advocacy	3,950,452.00	26.36
Capital Expenses	493,139.75	3.29
Overheads	2,300,382.10	15.35
TOTAL	**14,987,040.29**	**100.00**

Income For the Year 2003 - 2004

Funds received	*Amount*	*Percentage*
Private Foundation	10,825,302.00	51.95
Government and UN Organisations	-	0.00
Donor NGO	8,882,853.00	42.63
Own Funds	1,131,117.11	5.42
TOTAL	**20,839,272.11**	**100.00**

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ABRIDGED BALANCE SHEET OF
ANUSANDHAN TRUST FOR THE FINANCIAL YEAR 2004-2005

Assets	Amount Rs. Ps.	Liabilities	Amount Rs. Ps.
Current Assets		**Current Liabilities**	
Cash at hand and bank balances	15,814,241.60	Accounts Payable (creditors)	-
Accounts Receivables (debtors)	985,191.00	Restricted funds (short-term)	23,123,166.20
Other Current Assets (Investments)	2,879,819.96	Funds earmarked for projects	
Fixed Assets (itemised)		Other current liabilities	-
Office Premises	6,052,839.70	**Long Term Liabilities**	
Furniture and Fixtures	1,289,687.63	Corpus	30,055.00
Computers	218,696.91	General Reserve including	2,954,788.29
Fax and Fax Modem	8,829.78	income and expenditure account	
Equipments	372,689.96	**Designated Fund**	
Vehicle	283,768.70	Employees Social Security	698,987.00
		Health and Human Rights	340,593.25
		Maintenance Fund	612,709.00
		Publication Fund	145,466.50
Total	**27,905,765.24**		**27,905,765.24**

ANUSANDHAN TRUST

Expenditure For the Year 2004 - 2005

Utilisation of Funds	*Amount*	*Percentage*
Research	9,718,054.79	34.02
Training / Services	6,240,924.10	21.84
Advocacy	9,142,706.98	32.00
Capital Expenses	439,972.60	1.54
Overheads	3,027,828.74	10.60
	28,569,487.21	**100.00**

Income For the Year 2004 - 2005

Funds received	*Amount*	*Percentage*
Private Foundation	7,227,347.58	30.93
Government and UN Organisations	1,538,648.00	6.59
Donor NGO	13,224,415.00	56.60
Own Funds	1,374,716.89	5.88
TOTAL	**23,365,127.47**	**100.00**

8.3 Staff Profile

CEHAT has a mutli disciplinary team with expertise and experience in fields such as Social Sciences, Medicine, Social Work, Journalism and Law. The staff profile is as follows:

Sr. No.	Name	Designation	Period	Qualification
1	Abhay Shukla	Sr.Scientist	01/10/98 To 31/03/05[1]	M.D.
2	Amita Pitre	Research Officer	21/10/02 Till date	B.A.M.S, M.Sc.
3	Amulya Nidhi	Project Officer	01/10/98 Till 31/08/04	M.S.W.
4	Anant Phadke	Sr.Scientist	05/10/98 To 31/03/05	M.B.B.S.
5	Anirban Bose	Jr.Admin Officer	16/08/99 To 31/03/05	B.Com.
6	Ashok Jadhav	Research Assistant	01/01/00 To 31/03/05	M.A.
7	Bhagyashree Khaire	Research Associate	21/09/00 To 31/03/05	B.A.
8	Bhausaheb Ahir	Project Associate	01/08/03 To 31/03/05	M.S.W.
9	Chandra Ramamurthy	Counsellor	15/04/02 To 20/05/03	M.A.
10	Chandana Shetye	Research Officer	15/12/04 Till date	M.A.
11	Chandrima Chatterjee	Research Officer	01/12/04 Till date	Ph.D.
12	Dattatraya Taras	Sr.Office Secretary	14/02/00 To 31/03/05	B.Com.
13	Devidas Jadhav	Office Assistant	06/07/99 Till date	S.S.C.
14	Dhananjay Kakade	Project Officer	20/02/04 To 31/03/05	B.H.M.S.
15	Dipika Banerjee	Jr. Research Officer	02/06/03 To 13/10/03	M.A.
16	Dilip T.R.	Research Officer	02/04/01 To 12/06/03	Ph.D.
17	Dilip Jadhav	Office Assistant	01/11/04 Till date	H.S.C.
18	Deepti Jadhav	Project Assistant	09/08/04 To 31/03/05	B.S.W.

Sr. No.	Name	Designation	Period	Qualification
19	Joyce Patton	Research Associate	20/09/04 Till date	M.S.W.
20	Kajal Jain	Project Assistant	25/04/03 To 31/03/05	M.S.W.
21	Kamayani Mahabal	Sr.Research Officer	07/04/03 Till date	M.A., L.L.B.
22	Kiran Mandekar	Sr.Office Secretary	19/07/96 To 31/03/05	S.Y.B.Com.
23	Leena Gangolli	Jr.Research Officer	29/01/04 To 28/01/05	M.B.B.S.
24	Lalitha Dhara	Sr.Project Officer	19/09/03 To 15/12/03	M.Phil.
25	Leni Chaudhuri	Sr. Research Officer	07/12/04 Till date	M.Phil.
26	Manasee Mishra	Research Officer	30/06/03 To 23/12/04	Ph.D.
27	Margaret Rodrigues	Administrative Assistant	11/09/97 Till date	B.Sc.
28	Meena Indapurkar	Office Assistant	01/10/02 To 31/03/05	7th pass
29	Muriel Carvalho	Sr.Office Secretary	22/10/02 Till date	B.A.
30	Neha Madhiwalla	Sr.Research Officer	20/03/01 To 14/06/04	Ph.D.
31	Netralal Sharma	Care Taker	01/01/02 Till date	S.S.C.
32	Nilangi Nanal	Project Officer	03/06/02 To 31/01/05	M.Sc.
33	Padma Deosthali	Sr. Research Officer	13/04/98 Till date	M.S.W.
34	Pramila Naik	Research Assistant	09/10/00 Till date	S.Y.B.Com.
35	Prashant Khunte	Jr.Research Officer	01/10/99 To 31/03/05	M.S.W.
36	Prashant Raymus	Jr.Research Officer	30/06/03 Till date	M.A.
37	Poornima Maghnani	Research Officer	01/04/03 To 15/06/04	Master of Public Health

Sr. No.	Name	Designation	Period	Qualification
38	Pradnya Despande	Jr. Research Officer	25/09/03 To 06/02/04	M.A.
39	Pankaja Dhande	Jr. Research Officer	16/11/04 Till date	M.S.W.
40	Qudsiya Contractor	Research Associate	01/08/01 Till date	M.S.W.
41	Rajesh Shetye	Driver	23/08/01 Till date	9th PASS
42	Ruma Bhowmick	Accounts Assistant	02/08/99 To 30/09/03	B.Com.
43	Ruma Bhowmick	Jr. Accounts Officer	27/01/05 Till date	B.Com.
44	Rashmi Agarwal	Jr.Research Officer	01/12/03 Till date	M.Sc.
45	Ravi Duggal	Sr.Scientist, Coordinator	01/11/99 Till date	M.A., D.B.M.
46	Ravindra Mandekar	Office Assistant	15/11/00 To 31/03/05	H.S.C.
47	Ravindra Thipse	Sr.Librarian	20/08/01 To 29/02/04	B.Lib.I.Sc.
48	Rajeswari Balaji	Research Associate	01/08/00 To 01/11/03	M.A.
49	Rashmi B. Divekar	Research Associate	17/01/05 Till date	B.A.
50	Radhika Sarkar	Research Officer	10/09/04 Till date	M.S.W.
51	Sameer Mone	Jr.Project Officer	01/02/02 To 01/01/05	B.A.M.S.
52	Sanjana Bhingarde	Sr.Office Secretary	01/02/99 To 15/02/05	B.Com.
53	Saramma Mathew	Administrative Officer	11/07/94 To 23/05/04	B.Com.
54	Shailesh Dikhale	Jr.Office Secretary	29/10/00 To 31/03/05	M.A.
55	Sharda Mahalle	Sr.Office Secretary	01/04/01 To 15/06/04	B.Sc.
56	Shelley Saha	Office - Incharge	19/12/99 To 31/03/05	M.S.W.

Sr. No.	Name	Designation	Period	Qualification
57	Shreya Bhandari	Research Associate	05/06/03 To 31/03/05	M.S.W.
58	Shabana Ansari	Project Associate	09/08/04 To 31/03/05	B.S.W.
59	Shobha Kamble	Office Assistant	14/12/99 Till date	5th PASS
60	Sudhakar Manjrekar	Office Assistant	15/11/00 Till date	9th PASS
61	Sugandha More	Research Associate	14/01/02 To 31/05/04	M.Com.
62	Sunita Bandewar	Jr.Scientist	01/11/94 To 31/03/05	M.Sc.
63	Sushma Gamre	Research Associate	15/06/00 Till date	B.A.
64	Sangeeta Rege	Jr.Research Officer	05/10/00 To 04/10/03	B.A.
65	Sangeeta Rege	Project Officer	21/02/05 Till date	B.A.
66	Shilpa Krishna Mayekar	Jr. Office Secretary	19/07/04 Till date	B.A
67	Sunita Singh	Research Officer	03/05/04 Till date	M.A.
68	Tabassum Mulani	Research Assistant	15/09/03 To 30/06/04	B.S.W.
69	Vijay Sawant	Sr.Office Secretary	07/02/95 Till date	H.S.C.
70	Vikas Gamre	Office Assistant	23/08/99 Till 15/11/04	S.S.C.

Note : The employees of Sathi Cell after 31.3.2005 have been terminated as employees of CEHAT and are now appointed as employees of SATHI a separate entity. Prior to 31.3. 2005 SATHI was part of CEHAT and after 31.3. 2005 it is a separate entity.

8.4 Consultants

The following persons provided services to CEHAT as consultants:

Sr. No.	Names
1.	Archana Mandhare
2.	Ashvini Sarode
3.	Audrey Vijaya Fernandes
4.	Bharati Takale
5.	Bhuputra Panda
6.	Bilkis Sheikh
7.	Hasim Khan
8.	Jayashree Velankar
9.	Jyoti Suresh Kudale
10.	Kalpana Ravi
11.	Kausthub Chulani
12.	Leena Abraham
13.	Leena Gangolli
14.	Madhuri Samant
15.	Manasee Mishra
16.	Mary Ann D'souza
17.	Meena Deval
18.	Meena Dhodade
19.	Mihir Desai
20.	Mrinal Desai
21.	Nandini Chavan
22.	Nazia Sheikh
23.	Neha Madhiwalla

Sr. No.	Names
24.	Neha Trivedi
25.	Padma Prakash
26.	Pramod Mujumdar
27.	Purnima Manghnani
28.	Rajashri Kamath
29.	Ramesh Ghayal
30.	Ravindra R.P.
31.	Ravindra Thipse
32.	Sangeeta Rege
33.	Sant Kumar Mahato
34.	Savita Kotwal
35.	Shailaja R.Aralkar
36.	Shakuntala Bhalerao
37.	Sharda Mahalle
38.	Sugandha More
39.	Sunita Jadhav
40.	Swati Pongurlakar
41.	Tejal Jaitly
42.	Usha Rai
43.	Vaishali Sapkal
44.	Vandana Prasad
45.	Vidya Kulkarni
46.	Vimala Ramachandran

8.5 Utkarsha (Staff Welfare Association)

Utkarsha-CEHAT Staff Welfare Association the initiative started by CEHAT staff in 1998 continued to play an important role during 2003-2005, aiming at encouraging its staff members to save regularly and improve on their living conditions.

Utkarsha for the period of January 2003 to March 2005 has been instrumental in giving loan at the lowest rate to the members.

Committee of Utkarsha –2003-2004

- Anirban Bose
- Dattatraya Taras
- Kiran Mandekar
- Sameer Mone

Executive Committee 2004-2005

- Dattatraya Taras
- Devidas Jadhav
- Kiran Mandekar
- Pramila Naik

The Financial Status of the Association for the year 2003 - 2005 is as follows:

Year	Disbursement of Loan Recipients of Loan	Amount Rs.
2003	18	6,03,000.00
2004	17	5,20,000.00
2005 (Up to March 05)	14	5,02,000.00

List of Shareholders and Share Amount

Year	Members	Share Amount Rs.
2003	34	3,36,600.00
2004	31	4,47,000.00
2005(Up to March 05)	39	4,60,796.00

8.6 CEHAT Offices

Pune Office
SATHI Cell
Flat No. 3 and 4,
Aman (E) Terrace,
Plot No. 140,
Dahanukar Colony,
Kothrud,
Pune – 411 029
Tel.and Fax: 91-20-25451413
Tel: 25452325
E-mail: cehatpun@vsnl.com

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Near Anand Market,
Indore – 452001
Tel: 0731-2561233
Email: cehatindore@rediffmail.com
cehatindore@sancharnet.in

Dilaasa
Department No. 101
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R.K. Patkar Marg, Bandra (West),
Mumbai- 400 050
Tel: 91-22-2640 0229
Email: dilaasa@vsnl.net

CEHAT Project Office
Flat No.4, 2nd Floor,
Candelar, John Baptist Road,
Mumbai – 400 050
Tel and Fax No: 91-22-26407618

Centre for Studies in Ethics and Rights (CSER)
Candelar, 4th Floor, 26,
John Baptist Road,
Mumbai – 400 050
Tel: 91-22-26406703
Fax: 91-22-26407618

9. COLLABORATIONS AND NETWORKS

CEHAT has continued to expand its activities through collaborations and networks with various organisations across states in India as well as with the International organisations.
Thus CEHAT has emerged as one of the major national level organisation contributing vitaly to the growth of health care conciousness.

The Following is the List of Collaborations and Networks:

1.	Achutha Menon Centre for Health Sciences, Trivandrum - Academic inputs in area of Ethics and Health Economics, and Study of Abortion Providers
2.	AIDWA, Mumbai - Campaign Against Sex Selection
3.	ARTH, Udaipur - Study of Abortion Providers
4.	Association of Medical Consultants - Railway Medical Negligence PIL, Health Insurance related issues
5.	Bapu Trust, Pune- Advocacy for Mental Health and Human Rights
6.	Basic Needs Bangalore and UK - Policy Initiatives in Mental Health
7.	Bharatihar University, Coimbatore - Household Study on Abortion Incidence, Care and Cost
8.	Centre for Health and Social Sector Studies, Secunderabad - Study of Abortion Providers
9.	Child in Need Institute, Kolkatta - Study of Abortion Providers
10.	Global Health Council (GHC) - Advocacy on Right to Health
11.	Government of India - Health and Family Welfare Ministry - MTP and PNDT Legislation and Amendments Since 2003
12.	Government of Maharashtra, Planning Department - Assessment of health status in backward districts
13.	Government of Maharashtra, State Women's Commission - Review legislations related to women; sex selection issue monitoring
14.	Health Care Accreditation Council, Mumbai - Promoting Accreditation and Regulation
15.	Health Watch, New Delhi - Abortion and Reproductive Health Issues
16.	Hunger Watch - Right to Food Campaign
17.	IAP- Group on Child Abuse and Neglect, Nagpur- on issue of Child Rights
18.	INCLEN - Issues related to Health Insurance
19.	India Centre for Human Rights and Law, Mumbai and Delhi - Paralegal Training on Health and Human Rights, Documentation on Health related case laws, Right to Food Campaign and PIL

20.	International Federation of Health and Human Rights Organisations, Netherlands - Monitoring Right to Health
21.	Jan Swasthya Abhiyan (Peoples' Health Assembly Network) - Right to Healthcare Campaign, Denial of Healthcare Hearings, Meetings and Consultations
22.	Lawyers Collective, Delhi - PIL Sex Selection
23.	Majlis, Mumbai - Issues on Domestic Violence and Legal Aid Support
24.	MASUM, Pune - Sex Selection, Violence as a Public Health Issue
25.	Mumbai Municipal Corporation - Bhabha Hospital, Mumbai - Supporting the running of a Crises Centre dealing with domestic violence and its expansion to other hospitals
26.	Mumbai Municipal Corporation - Public Health Department - Advocacy for setting up Public Hospital
27.	National Centre for Advocacy Studies, Pune - Advocacy on Right to Healthcare and Health Budgets
28.	National Insurance Academy, Pune - Academic/training inputs on health issues related to Insurance
29.	NCPEDP, New Delhi - Advocacy for the Rights of the Disabled
30.	Nirmala Niketan College of Social Work, Mumbai from 2001 and ongoing, fieldwork placements with Dilaasa
31.	Nothing About Us, Without Us, USA - Advocacy for Rights of the Disabled
32.	Omoe Kumar Das Institute, Guwahati - Study of Abortion Providers
33.	Peoples' Health Movement co-hosting The IIIrd International Forum for Defence of People's Health
34.	Punjab Voluntary Health Association, Chandigarh - Campaign Against Sex Selection
35.	Sahyog - Holistic Community Based Educational Programme for Adolescent Girls in Slums in Mumbai
36.	Samraksha, Samuha, Bangalore - Research Ethics Training for Researchers
37.	SORT, Vadodara - Study of Abortion Providers
38.	Tata Institute of Social Sciences and CEHAT, Course on Health and Human Rights
39.	Tathapi, Pune - PIL against privatisation of a hospital in Pune
40.	University of Mumbai - Department of Politics and Civics - Human Rights Course
41.	Vimochana, Bangalore - Monitoring PNDT Act
42.	Women's Health Project, Witwatersand University, Johannesburg, South Africa - Mukta, Workshops on Health Issues for Women
43.	Women's Study Centre, Chandigarh - Sexual Assault Evidence Kit

44. Abortion Assessment Project – Collaborations.
Following State Level Consultations were done in 2004:

Name of Facilitating Agency	Dates
Achuta Menon Centre for Health Sciences- Kerala - Trivandrum	 August 13th
Arth Rajasthan - Jaipur	 November - 14th
CEHAT Maharashtra – Mumbai	 October 25th
Center for Health and Social Sector Studies Andhra Pradesh – Hyderabad Madhya Pradesh – Bhopal	 August 3rd October 13th
CINI West Bengal – Kolkatta	 October 9th
Final National Consultation of Abortion Assessment Project – Organised by the Secretariat in India Habitat Centre – New Delhi	 December 20th
GIDR Gujarat – Ahmedabad	 September 8th
Jan Chetna Manch Jharkhand – Ranchi	 September 6th
Karuna Trust Karnataka – Bangalore	 July 17th
Omeo Kumar Das Institute of Social Change and Development North East States- Guwahati	 September 14th
Pariwar Seva Sansthan Delhi August 20th Orrisa - Bhubaneshwar	 October 6th
RUWSEC Tamilnadu – Chennai	 August 25th
Sahayog Uttar Pradesh – Lucknow Bihar – Patna	 September 2nd September 13th
SUTRA Himachal Pradesh – Shimla	 August 30th
Volunteer Health Association Haryana – Chandigarh Punjab – Chandigarh	 July 26th July 28th

10. ARTICLES AND PAPERS

Health care is a politico-socio-economic phenomena in India. CEHAT, keeping crucial importance of these issues in mind always encouraged its staff members to contribute analytical articles and papers to focus on creating awareness among the people. The following is the list of articles and papers contributed by the staff members:

Articles / Papers

2005

Bandewar, Sunita *Exploring the ethics of induced abortion*, Indian Journal of Medical Ethics, January 2005, Vol XIII No 1, Pgs.18-21.

Deosthali, Padma and Maghnani, Poornima *Gender based violence and role of the Public health system* for the State of Health Care Report, published by CEHAT 2005.

Duggal, Ravi *Decentralization of Health Services in India*, Paper presented at the Indian Association for Preventive and Social Medicine (IAPSM) National Conference, February 2005

Duggal, Ravi *Financing Strategies for Universal Access to Healthcare*, paper presented at Medico Friend Circle (MFC) Conference, January 2005

Duggal, Ravi *Mumbai Demolitions – Drowned Under Tsunami*, CEHAT, January 2005

Duggal, Ravi *Public hearings and litigations: the new medicine for policy reform*, January 1-15, 2005 Express Healthcare Management

Duggal, Ravi *Where is the health agenda?* Express Healthcare Management, March 16th -31st, 2005

Mahabal, Kamayani Bali, *Gender Equality and Millienium Development Goals*, Samyukta, A Journal of Women Studies ,Vol.V, No.1, January 2005, Pgs.114-13

Pisal, H. and Bandewar S. *Research with transgendered people* in *Indian Journal for Medical Ethics*, January 2005, Vol XIII, No 1, Pgs.22-23.

Phadke, Anant *The Rights Based Framework: Which Way to Go?*, Medico Friend Circle Bulletin, December-January 2005, Pgs.8-15

2004

Deosthali, Padma *Domestic Violence and the Health Sector*, Health Action, Vol. 17, No.9 September 2004, Pgs.14-16

Duggal, Ravi *Budget 2004 – Is politics driving economics or vice versa?*, Express Healthcare Management, Vol. 5, No. 3, February 16-29, 2004, Pgs.6

Duggal, Ravi *Ethics, Law and Public Action*, Express Healthcare Management, September 16-30, 2004

Duggal, Ravi *Financing Healthcare in India – Prospects for Health Insurance*, Vol.5, No.4, March 1-15, 2004, Pgs. 10, 16

Duggal, Ravi *Health and Healthcare in India Responding to the Changing Scenario*, paper presented at the Observer Research Foundation National Consultation, January 2004

Duggal, Ravi *Healthcare and Labour in India*, Background Paper for Observer Research Foundation National Consultation, August 2004

Duggal, Ravi *Health Financing For Primary Healthcare In Rural India: Prospects And Options*, Paper presented at IRMA national conference December 2004

Duggal, Ravi *Operationalising Right to Healthcare in India*, ICFAI Journal of Healthcare Law, August 2004, Vol2, No. 3, pgs 13-42

Duggal, Ravi *Pursuing the new health agenda through the new government*, Express Health Care Management, June 1-15, 2004

Duggal, Ravi *The Budget is a Continuum of the Erstwhile Government's Policy*, Express Healthcare Management, August 1-15, 2004

Duggal, Ravi *The Political Economy of Abortion in India: Cost and Expenditure Patterns*, Reproductive Health Matters, Vol.12, No.24, November 2004 (Supplement) Pgs.130–137

Duggal, Ravi *The Political Economy of Medical Ethics*, Indian Journal of Medical Ethics, July-September 2004, Vol. I, No.3, Pgs.81-82

Duggal, Ravi *Tracing Privatisation of Health Care in India*, Express Health Care Management, April 1-15, 2004

Duggal, Ravi *Urban Healthcare - Issues And Challenges*, Background Paper for the publication Urban Community Initiative – A Development Challenge of the Holy Family Hospital and Tata Institute of Social Sciences, July 2004

Duggal, Ravi and Dilip, T.R. *Unmet Need for Public Health Care Services in Mumbai*, India Asia-Pacific Population Journal, Vol. 19, No. 2, June 2004

Duggal, Ravi and Ramachandran, Vimala *The Abortion Assessment Project – India: Key Findings and Recommendations*, Reproductive Health Matters, Vol.12, No.24, November 2004 (Supplement), Pgs.122–129

Duggal, Ravi and Ramachandran, Vimala *Urgent Concerns on Abortion Services*, Economic and Political Weekly, Vol. 39, No. 10, March 6, 2004, Pgs. 1025-1026

Mahabal, Kamayani Bali *Access to essential drugs; a human rights issue*, Health Action- Vol. 17, No.12, September 2004, Pgs. 35-37

Mahabal, Kamayani Bali *Are the doctors listening?* Health Action- Vol. 17, No.10, September 2004, Pgs. 28-30

Mahabal, Kamayani Bali *CEHAT's PIL for reviewing diet scales in jail*, Express Healthcare Management, May 1-15, 2004

Mahabal, Kamayani Bali *Dying With Dignity- A Human Right?* ICFAI Journal of Healthcare Law, Vol 2, No 4, November -2004 Pgs.28-36

Mahabal, Kamayani Bali *Emerging from Shadows* -Health Action- Vol. 17, No.9, September 2004, Pgs. 4-5

Mahabal, Kamayani Bali *Enforcing the right to food in India: The impact of social activism*, Economic Social Review, South Africa, Vol 5, No. 1, March 2004

Mahabal, Kamayani Bali *Ensuring Gender Justice*, Cover Story, Health Action- July 2004

Mahabal, Kamayani Bali *Healthy Ageing and Human Rights*, Express Healthcare Management, Vol.5, No.20, November 16-30, 2004

Mahabal, Kamayani Bali *Infants have a right to be Breastfed: We need to stand up the Aggressive Marketing of Infant Milk Formula Products*, Express Healthcare Management, January 1-15, 2004, Vol.4, No. 23, Pgs.15

Mahabal, Kamayani Bali *Right to Health Behind Bars*, Express Healthcare Management, Vol.5, No.4, March 1-15, 2004, Pgs. 14

Mahabal, Kamayani Bali *Sex selection is abuse of genetic diagnostic technology*, Express Healthcare Management, July 16-31, 2004.

Mahabal, Kamayani Bali *They have a right to live with dignity*, Health Action, Vol. 17, No.7, July 2004.

Nidhi, Amulya and Saha, Shelley *Status of Health care services in Madhya Pradesh: An overview*, Humanscape, 2004.

Phadke, Anant *A Healthy March Against Misuse of Injection and Saline*, Health Action, April 2004, Pgs.22-24

Phadke, Anant *A Thorough Critique of Depo-Provera : An Epidemiological Review of the Injectable Contraceptive, Depo-Provera*, by C. Sathyamala, (Book Review), in Bodhi, July-August 2004, Pg.9396

Phadke, Anant *Achieving One More Milestone*, Health Action, August 2004, Pgs.33-34

Phadk, Anant *Price Pangs – Medicines too Costly to be Left to Market Forces*, The Times of India, December 1, 2004.

Phadke, Anant *The Dismantling of Public Health System in India – What Should be Our Approach?*, Medico Friend Circle Bulletin, April-May 2004, Pgs.5-8

Phadke, Anant *The Mirage of Polio Eradication*, The National Medical Journal of India, Vol.17, No.5, 2004, p.282

Phadke, Anant *Thiyya Andolan in Krishna Valley*, Economic and Political Weekly, February 21-27, 2004, Vol.39, No.8, Pgs.775-777

Phadke, Anant *Achieving One More Milestone*, Health Action, Vol. 17, No.8, August 2004, Pgs.33-34.

Pitre, Amita *Women In Ayurveda*, Engendering Health, April-June 2004

Pitre Amita, and Khaire Bhagyashree, *Need For A Gender Sensitive Health Care System*, Health Action, Vol. 17, No.9, September 2004, Pgs.17-19

Saha, Shelley, *Challenges in research in tribal Communities: A response to a case study*, Indian Journal of Medical Ethics, Vol. No. 4, October-December, 2004.

Saha, Shelley, *Domestic violence and Pregnancy, Health Action*, Vol. 17, No. 9, September 2004, Pgs.11-13

2003

Balaji, Rajeswari; Dilip, T.R. and Duggal, Ravi *Utilization and Expenditure on Delivery Care Services: some Observations from Nashik District, Maharashtra*, Regional Health Forum, Vol.7, No.2, 2003, Pgs. 34-41

Burte, Aruna and Deosthali, Padma *Crisis Counselling in Domestic Violence*, October 2003, Pgs 12 *(Submitted to Journal of Mental Health)*

Duggal, Ravi *Abortion Economics -Cost and Expenditures, Seminar 532, December 2003, Pgs. 47-52*

Duggal, Ravi *Condoms in HIV Control*, Express Healthcare Management, Vol. 4, No. 12, July 1-15, 2003, Pg.11

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Duggal, Ravi *Have we failed to provide health services to children?*, Express Healthcare Management, Vol.4, No.6, April 1-15, 2003, Pg.7

Duggal, Ravi *Health Services Database in the Context of National Health Accounts*, Paper presented at a National Seminar, Ministry of Health and Family Welfare, New Delhi, September 2003, Pgs.28

Duggal, Ravi *Operationalising Right to Healthcare in India*, Asian Social Forum, Hyderabad, January 2003 (also presented revised version at the CSIH International Conference on Right to Health Ottawa, Canada) October 2003, Pgs.26

Duggal, Ravi *Should Public Hospitals Participate in Medical Tourism*, Express Healthcare Management, Vol. 4, No.22, December 16-31, 2003, Pg.11

Duggal, Ravi *The Notifiable Disease Syndrome*, Express Healthcare Management, Vol.4, No.9, May 16-31, 2003, Pg.6

Duggal, Ravi *Wither User- Charges?*, Express Healthcare Management, Vol. 4, No. 15, August 16-31, 2003, Pg.10

Madhiwalla, Neha *Help Yourself,* Humanscape, Vol. 5, No.9, September 2003, Pgs.27-29

Madhiwalla, Neha *Women's Illnesses: Life Cycle Approach,* National Medical Journal of India, Supplement No.2, Vol. 16, 2003, Pgs.35-38

Mahabal, Kamayani Bali *Health and Human Rights are Inextricably Intertwined,* Express Healthcare Management, Vol. 4, No.21, December 1-15, 2003, Pgs.15,17

Mahabal, Kamayani Bali *Why tar all Reasons for Euthanasia with a Common Brush?* Express Healthcare Management, Vol.4, No.20, November 1-15, 2003, Pg.18

Malik, Seema and Deosthali, Padma *Public Hospital based Crisis Centre: Experience from India,* Prepared for the 2nd Asia Pacific Conference on Sexual and Reproductive Health held in Bangkok, September 2003, Pg.9

Phadke, Anant *Doctors do not have the Right to Refuse treatment to HIV-Postive Patients,* Issues in Medical Ethics, Vol. XI, No. 3, July-September 2003, Pgs.77-78

Phadke, Anant *Hep-B Vaccine: Some Issues,* Economic and Political Weekly, June 12-27, 2003, Vol. 38, No. 25, Pgs.2479

Phadke, Anant *Profiteering in Medicines,* Economic and Political Weekly, Vol. XXXVIII, No. 39, September 27- October 3, 2003, Pgs. 4070

Phadke, Anant *Right to Health Care: Towards an Agenda,* Economic and Political Weekly, Vol. 38, No.41, October 11-17, 2003, Pgs.4308-4309

Shelley, Saha and Mishra, Manasee *Offering contraceptive choices post-abortion: The ignored link by service providers,* Paper presented in the Symposium on Expanding Contraceptive Choices: International and Indian Experiences and their Implications for Policies and Programmes, December 7-10, 2003, Pgs.8

Shukla, Abhay *And Health for All,* Humanscape, Vol. X, No. 9, September 2003, Pgs.20-23

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ANUSANDHAN TRUST

Foundation Principles

Social Relevance

Ethical Concerns

Democratic Functioning

Social Accountability

COMMUNITY HEALTH CELL ★ EXTENSION UNIT ★
Chennai
600 017

COMMUNITY HEALTH CELL ★ EXTENSION UNIT ★
Chennai
600 017

सेहत

Centre For Enquiry Into Health And Allied Themes
Research Centre Of Anusandhan Trust

CEHAT, in Hindi means "Health". CEHAT, the research centre of Anusandhan Trust, stands for research, action, service and advocacy in health and allied themes. Socially relevant and rigorous academic health research and action at CEHAT is for the well-being of the disadvantaged masses, for strengthening people's health movements and for realising right to health care. Its institutional structure acts as an interface between progressive people's movements and academia.

CEHAT's objectives are to undertake socially relevant research and advocacy projects on various socio-political aspects of health; establish direct services and programmes to demonstrate how health services can be made accessible equitably and ethically; disseminate information through databases and relevant publications, supported by a well-stocked and specialised library and a documentation centre.

We are a multi disciplinary team with training and experience in Medicine, Life Sciences, Economics, Social Sciences, Social Work, Journalism and Law. CEHAT's projects are based on its ideological commitments and priorities, and are focused on four broad themes, (1) Health Services and Financing (2) Health Legislation, Ethics and Patients' Rights, (3) Women's Health, (4) Investigation and Treatment of Psycho-Social Trauma. An increasing part of this work is being done collaboratively and in partnership with other organisations and institutions.